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OBSERVATIONS *on the* SCARLATINA ANGINOSA; *by* JONATHAN BINNS, M. D. *Physician at Lancaster, and Member of the Royal College of Physicians, London.*

In a Letter addressed to Dr. WILLAN.

Dear Doctor,

IN thy Treatise on Scarlatina Anginosa, it appears as if I am the only person who supposes he has seen the disease occur twice in the same patient. I have heard that some other practitioners have observed it, but I shall quote a published authority or two, which, in thy extensive reading on the subject, thou hast probably overlooked. In the Med. and Phys. Journal, vol. xiii. p. 213, Dr. Hall, Clement's Inn, remarks, that "it has been supposed, that specific contagion can affect individuals only once during life; although the doctrine may hold true, in general, with regard to measles, small-pox, &c. it will not apply to other contagious diseases, as typhus, *scarlatina*, &c. to which, after some time, the same susceptibility returns as at first." And the late Dr. Heberden, treating on this subject in his Commentaries, Engl. edit. p. 28, has these words: "According to my experience, some children have, beyond all doubt, been afflicted a second time with this disease:" yet adds, "but it is evident this happens very seldom."

As the latter gentleman made notes during attendance on his patients, and frequently revised these notes, it is to be presumed he was correct. I could wish these testimonies to be brought forward, that I may not stand alone; and, if I have erred, it may appear that it was in the most respectable company: also, if there still remain a doubt, that the Public may not rest in security till the Faculty shall find, by further observations, that the general opinion is confirmed.

In the course of our correspondence I informed thee, that I could not say that my patients, who, I supposed, had had this disease oftener than once, had exactly the same symptoms on the repetition; I rather think they had not the rash on the surface, but they had apparently the kind of sore throat peculiar to this disease, with a considerable fever. That the rash is not an essential part of the disease I conclude from thy work; as, in pp. 274 and 281, it is acknowledged, that "the scarlet ulcerating sore throat, without the efflorescence on the skin, is a variety of this disease, and is capable of communicating, by infection, all the varieties of the disease." I suppose the following was a case of this kind, which lately occurred here during the time that the scarlatina anginosa was epidemic. A boy, about eleven years of age, was seized with an ulcerated sore throat, with increased redness of the fauces and of the papillæ of the tongue; he had a great degree of fever, an intense heat, and considerable redness of the skin about the neck and breast, but no rash. It was about the third day after the attack that I first saw him; he was immediately subjected to the affusion of cold water over the whole surface (perhaps this might tend to prevent the rash). This operation was repeated three times in ten hours, which had a good effect in moderating the heat, which never rose to the same height during the disease, notwithstanding the liberal use of bark, wine, and aromatic powder.

I do not conceive from the absence of the rash on the surface in this case, that it was not the same disease as the reigning epidemic; and I have been induced to suppose, when similar symptoms have occurred in persons who previously had undergone scarlatina anginosa, that they were of the same nature. It is not improbable that my cases were such as are mentioned in the third vol. of the Edinburgh Medical Essays, quoted by thee, p. 312, "that such patients as had undergone the scarlet fever at any time in their lives before, took at this time the fever and angina, without the scarlet eruption." But it does not appear by that Essay, whether any of *these* "were suffocated by the angina," or it was only such as had the scarlet eruption. We may however, I think, safely conclude, that both took the disease in the same way, probably by infection: if so, may we not also conclude, that the contagion of scarlatina anginosa is capable of communicating to them that have previously had it, a fever and angina? And should the secondary infection (if such be granted) never prove mortal,

mortal, it surely is better, especially for the youth, to avoid it as much as well may be, not only for the sake of them who may be the immediate objects of it, but for fear it also may be contagious, and communicate the fever and angina to others, as well as the eruption. I have been so little accustomed to consider the rash as of material importance, except in characterizing the disease when other symptoms might render it doubtful, that it is probable my expression, inserted in page 283, "scarlet fever and sore throat," should rather have been, "the sort of fever and sore throat that usually attend scarlatina anginosa."

If my observations upon this subject should have no weight, I hope the authorities I have quoted, namely, Dr. Harrison, Dr. Heberden, and the paper in the Ed. Med. Essays, will have so much influence as to induce thee to caution the public against an implicit reliance on the doctrine pretty generally inculcated, that there is no risk of infection to them who have had the disease from an indiscriminate communication with persons laboring under the disease, or their attendants; and to request the Faculty to continue their observations, in order, by still more extended negative proof, to have the matter more certainly decided, that there is no danger of a second infection. If this shall prove to be the case, it will be gratifying to me, as I consider this disease as one of the most dreadful that afflicts this country.

From thy request to insert my communications in thy work, and from other parts of thy letters, I conceived that my practice in this disease had met thy approbation; but there is reason to think otherwise from thy expression in p. 366. "Whatever opinion may be formed respecting the above mode of practice during the first days of the fever, it is generally admitted that, at the decline of the efflorescence, if the fever also declines and is not succeeded by a cough, Peruvian bark, mineral acids, wine, and nutritious diet, obviate the debility and oppressive languor which remain after the disease." And in a Note on the same page, there is a quotation from Dr. Sims, saying, that "as soon as the pulse on the sixth day began to fall to the natural standard, if the cordial medicines and regimen were persisted in, or increased, with a view to keep up the sinking pulse, many vexatious or even dangerous consequences ensued.

When thus we find one of these eminent authors and physicians in the metropolis discountenances my mode of treating the disease on the first days, and the other when

it is on the decline, there seems just ground to suppose, that their readers will be induced to reject what is recommended by an obscure individual in the country. I am aware that several others have written against this plan; on the other hand, I think a few have approved of it: but I do not find that I have made any extracts from them, probably owing to my having been long convinced of the utility of the practice, and not expecting that I should have occasion to defend it; and I may mention, that I have had the satisfaction to receive, on this occasion, the congratulations of an eminent physician in extensive business, who had perused thy work. But as Doctors differ, and as the scarlet fever differs in all degrees, from a flea-bite to the plague,* it is difficult to determine, from the histories given, what practice is most successful, unless we could know the degrees of virulence. For example, the children at Ackworth, in 1803, had in general the disease much more severely than those who had it there about eight years before, very few of whom were in danger, and none died of the disease; so that, in some cases, as Dr. Fothergill observed, the disease is of so mild a nature that persons recover from it under unskilful management. I shall now endeavour to shew, by analogy, the reasonableness of my mode of practice in this disease, in order, if may be, to convince thee that I act on sound principles.

In this disease there are generally considerable *heat and inflammation on the surface;* † but it is also attended with *great debility,* and there is frequently a great tendency to *putrefaction and mortification.* Against all these symptoms the Peruvian bark appears to me a powerful medicine.—That accurate observer, the late John Hunter, in treating of mortification proceeding by inflammation, says, "the bark is the only medicine that can be relied on, as it *increases the powers, and lessens the action.*" And Murray, in the Materia Medica, speaking of bitters, observes, that "the bark *strengthens most, without increasing heat.*"

It is allowed by various Authors, that scarlatina anginosa bears much resemblance to erysipelas. When I was at Edinburgh, about thirty-five years ago, it was the practice to treat the latter disease as a purely inflammatory complaint, by bleeding and purging; I suppose it is still the

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* Darwin's Zoonomia.

† Dr. Withering remarks on this disease, that the small vessels accumulate the blood there more in consequence of *their own action,* than from the pulse of the heart.

the case: and I am told that the other is now treated there by purgatives. But it is probable that in the north, diseases bear evacuations better than in the south; for on my visiting London, soon after leaving Edinburgh, I was informed by the late Doctor Fothergill, that he frequently found the antiphlogistic plan could not be borne there by patients in erysipelas, on account of its tendency to mortification; and that he generally experienced the best effects from bark and wine. But thy objection seems to lie chiefly against the use of these remedies during the first days of scarlatina anginosa, before the efflorescence and fever decline: but, I trust, the prejudice against giving the bark with a febrile pulse is on the decline. Dr. Wells, in the Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge in London, informs us, that "no indirect arguments have been found necessary to persuade those to relinquish the practice of attempting to cure erysipelas by large evacuations, in London at least, who have witnessed the effects of the Peruvian bark, when *given early* in this disease *in large and frequent doses.* In a large woman, of a florid complexion, and constitution vigorous from nature, and unbroken by intemperance or disease, whom he saw a few hours after her face began to swell, he immediately prescribed for her the Peruvian bark, though *her pulse was frequent, her skin hot,* and a dry brown streak divided longitudinally the upper surface of her tongue; she took *four ounces of that medicine* in substance during the *first three days of her illness.* "This quantity," he remarks, is indeed not nearly so great as is sometimes exhibited in erysipelas by Dr. George Fordyce, who for upwards of twenty years has been accustomed to give, at St. Thomas's Hospital, a drachm of the Peruvian bark in powder every hour in dangerous states of the disease: but as this medicine, in the above case, was given almost from the commencement of her illness, less was probably required for her cure than would have been if her disease had made greater progress before it was exhibited." Even in Holland, where, thirty-four years ago, very few physicians, except Prof Gaubius, ventured to give the bark in intermittents, we since find, by Memoirs of Haarlem Society, that Dr. Verryst, a Dutch physician, gave it in malignant fevers to the quantity of *nine or ten ounces* within *three of the first days.* And Dr. Lafuente, Physician to the Spanish forces, has lately adopted the practice of "giving at least *six or eight ounces of bark* in the *first forty-eight hours* of the yellow fever; saying, it is

 absolutely

absolutely necessary to take the bark as soon as the symptoms of the fever make their appearance; the practice recommended by Dr. L. is not altogether so new as he seems inclined to suppose, for it is well known that British practitioners, both at home and abroad, have long been in the habit of prescribing *cinchona* in various malignant fevers, from the very commencement of the disease, and in as large doses as the stomach can bear, without any regard whatever to the state of pyrexia.* The late Dr Heberden, in his Commentaries, expresses himself thus: "The Peruvian bark in fevers has been much dreaded except in a perfect intermission; but the free use of it, notwithstanding the height of the fever in mortification, &c. has taught us that this dread is groundless. It has been tried in high continual fevers, in which I am not so sure of its being useful, as I am of its being innocent, whether in decoction or powder;" and p. 185, "The only harm that I believe would follow from taking the bark, even in the middle of a fit (of the ague) is, that it might occasion a sickness, &c. Dr. Tavares, Archiatros of Portugal, remarks, "that the best authors advise, in the worst species of intermittents, even attended with inflammatory symptoms, to give the bark rather too early than omit it too long; and adds, that it is not possible to cure the worst species of intermittents unless a large quantity is given as well in the interval of remission or intermission, as *during the paroxysm itself*.† The same physician, as well as some others he quotes, gives the bark in the inflammatory state of the gout.‡ And a very respectable physician of our own country, following Dr. Morton, Sir E. Hulse, and Dr. Fothergill, gives the bark after an emetic in the *beginning* as well as in the further progress of one of the most highly inflammatory diseases, viz. the acute rheumatism.§ These authorities, I trust, are sufficient to shew the safety of giving the bark in a highly febrile state.

With respect to the exhibition of wine in scarlatina anginosa, I began to use it liberally many years ago, on being requested to visit the child of a person, who, in a very short space of time, had lost four out of six children, in this complaint, at a time in which it was epidemic

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* Med. and Phys. Journal, Vol. 14, pp. 534 and 5.
† Med. and Phys. Journal, Vol 12, p. 153.
‡ Ibid
§ Haygarth's Clin. Hist. of Diseases.

demic in Liverpool; and this child also was considered as past recovery by the apothecary, who, on that account, had declined his visits. It was about the fourth day of the disease, and I do not recollect ever seeing a patient recover from a more dreadful state. I considered it as a hopeless case, but from the distress of the parents, I resolved to make an effort, and to give as much bark and wine as could be got down. Finding them agree with the little patient, who made no resistance to the means which were attempted for his relief, but appearing to revive, I increased the wine to a much greater quantity than I had before given to so young a child, who, as I recollect, was between three and four years of age; I think he took not less than a pint of red Port per day for about six successive days.

As these remedies, with frequent gargling, answered in this case beyond expectation, on future occasions I gave them more early, on a supposition that if the wine did not increase the fever and heat, it would, with the bark, have a tendency to support the strength and resist putrescence, circumstances which I consider of great importance in this disease; and in this, I trust, I was not deceived: but if we wait till the fever and efflorescence decline, I fear it will often be too late to attempt any remedies.

I find my remarks have extended much beyond the intended limits, but before I conclude I wish further to observe, that as various other stimulants appear to have been liberally given, and with advantage, in this depressing disease, I conceive, from both analogy and experience, that wine may, in most cases, be plentifully given, not only with safety but advantage, and conjoined with the bark, and nutritious diet when it can be taken, they are, in my opinion, likely to afford a more permanent support to the system than volatile alkali, or any other medicine with which I am acquainted.

As this kind of discussion seems rather unsuitable to be introduced into thy work on cutaneous diseases, I take the liberty to suggest whether it might be adviseable to request its admission into the Medical and Physical Journal; by which other practitioners may be incited to give their experience and observations on these important topics, and we at length be able to determine, which is the most efficacious mode of treating this virulent disease.

I am, &c.

JONATHAN BINNS.

Lancaster, 22d of 3d Month, 1806.

To

To the Editors of the Medical and Physical Journal.

Gentlemen,

I Beg leave to submit the following case of Tetanus to your perusal, it being one of those diseases which seldom occur in this country, except from external injury; and having in the present instance been successfully treated by mercury, opium, and cold affusion.

Beccles,
April 12, 1806.

I am, &c.
C. DASHWOOD, Surgeon.

The patient alluded to is a female in her twenty-sixth year, of dark complexion, and in every respect previous to this attack perfectly healthy. She dates her complaint from cold, caught by coming down into a damp shop early in the morning half dressed; as, soon after, she felt a pain and stiffness in her neck and under jaw. This continued gradually to increase; but supposing it only a common cold, she kept herself warm, and took some trifling remedies for three days.

On the 1st of March, I was sent for, and then found her feverish, and complaining of stiffness about the neck, shoulders, and inferior maxillary bone. The bowels being costive, I ordered a gr. viij calomel bolus and opening draught, with a blister to be applied on each side the jaw, and another between her shoulders.

The next morning, March 2, finding her bowels had not been moved, an infusion of senna and salts was ordered to be taken every two hours till it operated; and as the symptoms of tetanus were evidently increasing, I ordered her, as soon as possible, to be put into a warm bath for three quarters of an hour, and again in the evening. During the time she was in the bath, she was much easier, and, to use her own expression, wished she could be always in it, for she felt to ail nothing whilst there. Each time after she was put to bed, sixty drops of tinct. opii were given, and a grain of extr. of opium every four hours.

March 3. Visited her at eleven o'clock A. M.; she had a restless night, and five motions from the opening mixture; opium increased, and warm bath repeated twice.

March 4. Saw her at twelve; she had not had more than two hours sleep in the night. The warm bath and opium were repeated, but finding her spasms still increasing,

ing, her mouth close shut, and her head forcibly and rigidly drawn back, I was desirous of further advice, and therefore requested Mr. Crowfoot of this place to visit her with me in the afternoon, to which he obligingly consented. We then found her no better; but, as she expressed so much ease from the warm bath, it was agreed to use it again, and repeat the opium with the addition of four grains of ammonia ppt. and two of calomel in each dose.

March 5. No sleep last night; and this morning, in making an attempt to open her mouth in my presence, the nurse put the end of a tea-spoon between her teeth, which produced such a violent spasm of the jaw that a piece of one of the incisor teeth snapped off. The warm bath was again repeated, and the opium continued with gr. iv. of calomel. On returning home, I accidentally met Mr. W. H. Crowfoot, nephew of the former gentleman, who enquired after my patient, and mentioned his having seen, during his studies at Guy's and St. Thomas's Hospitals, a case of tetanus successfully treated by cold affusion. After some further conversation upon the subject, I requested he would accompany me in my next visit; when we found her still worse, and therefore proposed to her and her friends the application of cold water: but their prejudices were so great against it, that recourse was once more had to the warm bath, with the medicines as before, repeated every three hours; at the same time we assured them, that if she was not better in the morning, the application of cold water would be the only means of relieving her.

March 6. This morning at ten, I visited her in company with Mr. W. H. C.; she had had two motions in the night, but less power over the jaw, with still greater rigidity of the back. With some difficulty we persuaded her friends to consent to the cold affusion, which we agreed to apply at twelve o'clock, when the two Mr. C's accompanied me. We took her out of bed, and placing her in a broad tub upon a stool, without any other covering than what decency required, poured two pails of cold water over her, after which she was wiped dry, and immediately put to bed. We gave her some wine, and eighty drops of tinct. opii, with orders to repeat the opium, calomel, and wine as before. As soon as she recovered from the alarm, which the first application of this remedy produced, she expressed herself easier, and wished for a repetition of it. At eight in the evening we saw her again; her pulse was then weak and quick; the spasms, though relieved for a time after

after the cold affusion, had returned with greater violence; her countenance was dejected, and I thought her worse than ever I had seen her: but, as one application of the cold water could not be thought a fair trial, we agreed to repeat it, and continue the calomel with an additional quantity of opium.

March 7. She passed a more quiet night; and after the cold affusion she was able to stand, and move her limbs, and said she wished she could live in the river, so much better did she feel after its use. She had four motions in the course of the night and this morning; pulse 120. At eight A. M. I saw her again; she was then sick, and vomited her wine and broth immediately after taking them. Cold water and medicines repeated, and strict orders left to repeat the cold affusion at five in the morning.

March 8. At ten this morning I found the sickness had subsided last night soon after the cold affusion; she had had one motion, and was better till about five, at which time the repetition of the water, through the prejudices and obstinacy of the nurses, was neglected. In consequence of this neglect she was in every respect worse, and indeed so considered herself, as she said, I wish my father would let it be done oftener; if he do not, I shall never get well: but the room being very small, and her friends all obstinately against the remedy, it would not, I am persuaded, have been applied half so often, had not Mr. W. C. or myself constantly attended at the hour appointed for its repetition. It was not therefore applied to day till between ten and eleven, again at three in the afternoon, and at nine this evening, when, upon finding her gums were considerably affected by the calomel, this medicine was discontinued, and the dose of opium gradually increased.

March 9. The water was properly applied three times to day. I visited her an hour after the third application and thought her better, the pulse not being more than 100 nor the skin so hot, spasms not so frequent or violent, and the rigidity of the limbs not so great. She had taken plentifully of wine, arrow root, and meat broth, but had had no evacuation by stool since yesterday morning.

March 10. Cold affusion applied three times. She expressed as usual, great relief after each; had slept better last night than she had done since the commencement of the disease, and had one motion in the course of the day. The pulse in the evening were strong, full, and quick, attended with considerable thirst and heat upon the skin. These symptoms of increased fever subsided immediately after

after the cold affusion; I ordered her two grains of opium, every three hours, with a draught of decoction of yellow bark strongly impregnated with valerian and camphor.

March 11. Appears to be gradually recovering; has taken plentifully of wine, &c. Cold affusion and medicines as yesterday.

March 12. Continues much the same; has had one evacuation by stool; medicines repeated.

March 13. Not so well; less power over the mouth, and greater rigidity of the back. The effect of the mercurial medicine having disappeared upon the mouth for the last two days, we thought this probably might be the cause of the present unfavourable appearances, and therefore ordered ung. hydrarg. fort. ℥ij. to be rubbed in every night, and pil. hydrarg. gr. x. three times a day, with the opium and decoction as before.

March 14. Much as yesterday.

March 15. No amendment; continues to take freely of wine and other nourishment; pulse 104. Ordered to continue the cold affusion and take one of the following pills every three hours: ℞. Pil. hydarg. ℨj. extr. opii gr. xxiv. cons. cynosb. q. s. f. p. No. xij.

March 16. Much as yesterday; continues taking pills and mixture.

March 17. Rested better last night, pulse 100; in other respects the same.

March 18. Had a good night; symptoms of ptyalism are coming on; medicines repeated.

March 19. This morning she did not complain so much of the rigidity of her back, and has more power over her mouth. As the mercurial action appeared to be increasing fast, I ordered gr. ij. of opium to be taken every three hours, alternately with and without the mercury.

March 20. Slept very well last night, and was able this morning, with the support of two people, to walk from the bath to her bed after the cold affusion; having had three loose motions, I ordered a starch enema; mixture and pills continued.

March 21 and 22. Better; bowels regular, sleeps well; the dose of opium and mercury lessened upon repetition.

March 23. She complained much of a sensation of sickness, with disinclination to take nourishment, and she obstinately refused her medicines; her tetanic symptoms, notwithstanding, evidently decrease.

March 24. Last night the sickness was attended with frequent retching, and she took little or no nourishment.

March

March 25. The sickness still continued; and as we could not prevail upon her to take any medicine, an enema, with 120 drops of tinct. opii, was ordered to be thrown up in the evening.

March 26. Rested very well last night, and has consented to take a table spoonful of the following mixture every four hours: ℞. Kali ppt. ʒij. tinct. columb. ℥j. tinct. cardum. ʒij. aq. puræ ℥iij. M. f. misturæ.

March 27. The tetanic symptoms daily diminish, and were it not for the irritability of the stomach, her speedy recovery might I think be reasonably expected. The cold affusion ordered to be used in future in the morning only.

March 28 and 29. The sickness not so troublesome; ordered a table spoonful of the following every four hours: ℞. Magnes. vitriol. ʒiij. tinct. cardum. ʒij. aq. ℥iv. M. f. mist.; all other medicines discontinued.

March 30 and 31. Continues to mend daily; appetite returned, and bowels regular.

April 5. Although very weak, my patient may be considered convalescent.

I cannot conclude this case without thus publicly acknowledging my obligations to Mr. W. H. Crowfoot for the original suggestion of this mode of treatment, and the friendly assistance which he has given me during the application of it.

To EVERARD HOME, Esq.

Sir,

In Case xxxvii of your "Observations on Cancer," after amputation of the leg had been performed by Mr. Hunter in an instance of "Fungated Sore in the Foot," we are informed, that he was again consulted about three months after, respecting her future management, (at which time the stump had completely healed,) and was then told, that she had a swelling on the upper part of her thigh, near the groin, which she had observed about a week after the amputation, and which had since increased very considerably."

The case then concludes as follows:

"He examined it, and found a swelling of one of the lymphatic glands, about the size of a walnut, prominent under

under the skin, and a little painful when pressed. Just above this, and in the groin, there was a smaller one, which appeared likewise to be diseased. These glands, he made not the least doubt, were buboes, in consequence of absorption, from the disease of the foot, contaminated prior to the amputation; and, from taking all circumstances together, he did not advise the extirpation of them. If they had been searched for, and removed, at an earlier period, perhaps at the time of the amputation, or soon after the operation, it is probable that she might have recovered."

Now, Sir, all that is wanted here (and which, as the case at present stands, is impossible to determine) is, simply to ascertain whether the contamination of these glands, rested on your's and Mr. Hunter's opinion; and therefore as such, and from taking all circumstances together, the conclusion is made, that if they had been removed at an earlier period, " she might have recovered?" " Or, whether, on the contrary, this observation arose subsequently to the *opinion of contamination*, in consequence of cancer actually seizing the groin, and from which disease the patient was destroyed?"

As this is a very material point in the history of the case, I am sure, your goodness will not refuse, that information which can alone render it conclusive.

I am, &c.

March 1806. SAMUEL YOUNG.

To the Editors of the Medical and Physical Journal.

Gentlemen,

It is a custom with with me whenever any thing occurs in practice appearing extraordinary, to minute it down at the time; the enclosed is an account of a very complicated case of dropsy, which I have selected from amongst several others of that species of disease; some remarks are also added upon the speedy specific effects of opium, the warm bath, &c. in Nephritis, which the patient was attacked with during her stay at this Infirmary. If you think the case merits a place in your useful Journal, you will much oblige me by inserting it in the next number.

I am, &c.

April 20, 1806. R. EARNEST.

House Surgeon to the Sheffield General Infirmary.

CASE.

E. S. a woman forty-three years of age, married, and has had several children, and also several abortions; she was low in stature, and her habit leucophlegmatic. After labouring under hydropic complaints upwards of eight years, she was at length admitted into the Sheffield General Infirmary, in December 1803; the symptoms at that time were as follow, namely, The pulse was small, quick, and irregular; the skin yellow, hot, and dry; great thirst, the appetite diminished, the urine small in quantity, thick and high coloured; the bowels were costive; the right hypochondrium was more full and tense than the left, and to the touch the great lobe of the liver felt to be in a state considerably enlarged; respiration was greatly incommoded, and appeared that kind of dyspnœa which is commonly observed in hydrothorax; and I cannot hesitate a moment in saying, that that was the case here; there was also ascites, general anasarca, and great prostration of strength.

At this time, December 16, the patient was put upon the following medicines, viz. Calomelas, pulvis digitalis. pulv. scillæ. spiritus ætheris nitrosi. spiritus juniper comp. along with an aromatic bitter infusion; cremor tartar. which were varied, and omitted, according to circumstances and symptoms. A generous diet was conjoined. These remedies were persisted in until the 25th of January 1804,* when she was attacked violently with nephritis; and the symptoms that now took place were truly formidable, namely, constant and acutely painful dysuria, excruciating pain about the region of the kidnies, extending all around the abdomen; nausea, retchings, and frequent fits of syncope; cold colliquative sweats; the pulse quick, small, and trembling; the thirst was much increased, and the patient had a strong and frequent desire for hot spirituous cordials; she could not lie in a horizontal posture.

Although at this period the inflammatory symptoms ran alarmingly high, and seemingly to demand the use of the lancet, but after recapitulating the state of the patient with the symptoms first detailed, and the inference will

* In the course of forty-one days, namely, from December 16th to January 25th, the patient took many very active medicines, but the functions in general were become so blunted by long continued disease, as to r[illegible] the power of any medicine; consequently she appeared not all at benefitted by them.

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be that the patient was not a proper subject to bear the loss of blood; therefore in lieu, of phlebotomy, refrigerants, &c. the following plan was immediately administered, namely,

1. The warm bath to 98° of Fahrenheit's thermometer.

2. ℞. Mucilag. amyli. unc. iv. tinct. opii gutt. LX. M. fiat enema.

3. ℞. Aq. menth. piper. unc. j. tinct. lavend. c. gutt. xx. tinct. opij. gutt. xv ad xxx. M. fiat haustus.

4. ℞. Ol. Ricini.

5. ℞. Mistur. camphorat. unc. vii. spt. juniper. comp. unc. 1. confect. aromat. dr. j. M. fiat mistura.

The first immersion in the warm water, the use of the enema, and the first draught, procured almost immediate relief in every respect; and about three hours after these remedies had been administered, the patient was pretty free from pain. The pains, &c. returned several times, but in a less violent degree, and a repetition of the same remedies never failed presently to relieve the patient. At intervals, when she was pretty free from pain, a large table spoonful of the Ol. ricini was taken, and when she was faint and languid, two table spoonsful of the mixture was given. She passed a tolerably easy night, and in the course of the next day, January 26th, when she was passing water, she parted with a small oblong renal calculus (which I suppose had passed the ureter the preceding day) about the size of a barley-corn, whose surface was very rough, and had several sharp points about it. This being extricated, the dysuria was cured—as also were the pains of the stomach and abdomen, &c.

All this accidental disturbance to the system made no change apparently in the hydropic complaints, but the patient's strength was much diminished, and her spirits a good deal exhausted by the attack.

I must say, that I never before witnessed a patient who suffered more during each paroxysm, the pains were so truly torturing; nor do I ever remember, at any time, having experienced so much real pleasure as in this instance, by the speedy and specific effects of the remedies employed; and I trust, that in future, when similar cases again occur, that the same remedies will be crowned with success equally satisfactory. They both apparently took off the violent spasms and promoted a gentle perspiration; the opium allayed the violent pains more deeply seated, and at the same time greatly facilitated the passage of the calculous concretion from the kidney; and the ol. ricini. proved

proved a valuable auxiliary as a demulcent, and by gently evacuating the bowels.

I conclude this history by adding, that the patient was kept at the Infirmary from December 16th, 1803, until February the 24th, 1804. Mercury, the various evacuants and diuretics, the milder tonics and frictions, were tried in vain; and, I am sorry to say, that the patient was discharged not relieved. Sometime afterwards I was informed that she died, six weeks subsequent to leaving the Infirmary.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

I Have to acknowledge my obligation to Mr. Simpson of Skipton, and also to Mr. Shearly at the Royal Naval Hospital at Deal, for the testimony which they have lately bore in confirmation of the truth of my assertions, some time since made in the Medical and Physical Journal, respecting the superior excellence and power, which nitre can boast of over every remedy that has hitherto been used in the cure of sphacelus. Mr. Simpson observes, "suffice to it say, the whole class of stimulants and antiseptics, were tried internally and externally, notwithstanding the putrid diathesis increased daily, until arrested by this sovereign remedy," he concludes by joining me in recommending this invaluable medicine to the public.

With regard to Mr. Shearly's observations, I must beg leave to make a few comments, and to apprise him of an error he has committed in stating, that I recommended nitre in gun-shot wounds; this is an honour I must disclaim; it is true, that the first time I thought of it, was in a case of mortification originating from a gun-shot wound, since which, the same happy result has arisen from several cases of sphacelus that have come under my care and cognizance; more of which would, in all probability, have been published, had not the fear of criticism, and the intemperate remarks which are so frequently made, together with that polite language and supreme urbanity which characterize these snarling productions, operated as preventatives.

Though

Though, in all gun-shot wounds sloughing takes place, and this slough may be considered as a partial mortification, yet the common routine of practice will, aided by the efforts of Nature, in general cast it off. The propriety of the application of nitre in the early stages of such wounds is doubtful, when almost every danger to be apprehended arises from inflammation: but, on the other hand, when the efforts of Nature begin to flag, inflammation vanishes, and much fœtor, with want of tone in the part, are prevalent, its utility is unquestionably great. Mr. Shearly remarks, "that previous to seeing Dr. Cuming's remark on the great utility of nitre in gun-shot wounds, I had witnessed its great efficacy in cleansing ulcers degenerating from a healthy into a sloughy state." Whatever Mr. S. may have witnessed of its effects as a detergent, I believe he is a stranger to its modus operandi in sphacelus, and that I am the first person who ever used it and recommended it in such cases. Mr. S. says, "The greatest power which nitre seems to possess, is its accelerating the separation of the sloughs, and by assisting Nature in her operations. But another property which Dr. Cuming has ascbribed to it, I have never detected, namely, its correcting the fœtor which emanates in a great degree from this species of wounds."

That nitre assists Nature in her operations is evident by its stimulant power; but what astonishes me most, is, that Mr. Shearly should appear to imagine that it does not possess antiseptic properties, as he does not subscribe to its efficacy in correcting fœtor; for my own part, I conceive it to be one of the first antiseptics in all nature: but how should he have experienced that effect from it, which is its peculiar characteristic, and which I have dwelt upon so much in my communications respecting it, when he has only used it in the form of a weak lotion? the power of which must have been transient, for it does not appear that lint was immersed in it and left applied to the wound; for, in the case he records, the wound was washed with the solution night and morning, and covered by charpeé. Undoubtedly, different circumstances point out the propriety of a variety of modifications in the application of this remedy; yet in all cases of sphacelus it will be absolutely requisite to apply it in the manner I have recommended, viz. by sprinkling the powder over the part, and by completely covering it; its thickness being in a ratio proportionate to the extent of the disease, retaining it with suitable dressings. Whoever uses nitre in the above way,

 will

will find my assertions respecting its effects to rest on the basis of truth, supported by experience; it not only subdues fœtor, but, as I have elsewhere observed, preserves the system from the absorption of putrid virus, by rendering the sphacelated parts innocuous. I have, in a medical work with which I have lately been engaged, treated on the subject of sphacelus, at some length, from which the following query is a quotation

May not nitre, conjoined with aromatics, hereafter prove beneficial in putrid fevers? Inferences deduced from the above narrations, are greatly in favour of the pleasing expectation.

I am, &c.

April 25, 1806. RALPH CUMING, M. D

A CASE OF PERIODIC HEAD-ACH, EFFECTUALLY REMOVED BY THE SOLUTIO ARSENICA; *communicated by Mr.* T. WEAVER, *Surgeon, of Walsall.*

THE present case is a further demonstration, and corroborating proof, of the beneficial effects resulting from the Solutio Mineralis, in addition to the many cases already communicated to the world, by Dr. Fowler and others, whose scientific knowledge shine conspicuous in the Annals of Medicine. The gentleman who is the subject of the present case, resides in this neighbourhood, and has been more than once afflicted with this singular and acute pain in the head, which, after the ineffectual administration of various internal remedies, usual upon such an occasion, the disease was removed by the application of leeches and blisters. From the favourable report of which, I was induced to adopt the same plan, but, unfortunately, not with equal success. The dolor capitis still continuing unabated, sometimes fixed near to the longitudinal sinus, at others, making a retreat towards the lambdoidal sutures, I thought it expedient to have recourse to other means, and considered it a favourable opportunity to try the effects of the mineral solution, so strongly recommended by Dr. Fowler; particularly as the paroxyms returned at regular and stated periods, usually commencing about eleven o'clock, A. M. and continuing without intermission until four P. M. attended

attended with nausea and vomiting. The disease was then suspended pro tempore, and he was consequently free from pain, until the usual time of its recurrence. The following draught was ordered, viz.

℞. Solut. arsenic. gtt. xv. Tinct. opii. gtt. x. Aq. pur. ℥iß. ft. haust. hor. 10ma. A. M. sumend. & rep. hor. 2d. P. M. & hora 6ta vespere.

The draughts were taken regularly, and occasioned, contrary to my expectations, no unpleasant sensations; the paroxysm returned the morning following, one hour before the usual time, but not so violent, and continued till two o'clock instead of four. Ordered the draughts to be repeated. The pain returned about eleven, and lasted till one, with less violence. As the stomach and bowels were not affected by the medicine, ordered the dose to be augmented ad guttas xviii.

3d. day, Repeated. A slight head-ach, not acute pain, and which continued but a short time.

4th day, Repeated the medicine, and no return of the paroxysm. Continued the medicine two days longer without any relapse, since which, he has been perfectly well, and free from any complaint.

From the above case, in conjunction with others, permit me to recommend the mineral solution, as an harmless and valuable medicine, worthy the notice and attention of medical practitioners, which I am certain, if used with prudence and discretion, can seldom, if ever, be productive of ill effects; but, like other valuable medicines, is liable to be abused, more particularly, if it perchance falls into the hands of empirics.

April, 1806.

To the Editors of the Medical and Physical Journal.

Gentlemen,

In the progress of Society from rude barbarity to refined luxury, not only the phenomena of well known diseases are greatly varied, but fresh combinations of symptoms, and even now and then new maladies, shew themselves. A principal purport of your very useful publication, I apprehend, to be that of recording these varieties and changes;

 and

and should there be any thing in these remarks worthy attention, I need not solicit their insertion.

I have noticed, lately in particular, a disease affecting children, which is, so far as I know, non-descript. In my enquiries amongst medical friends, I have found very few who have seen, or at least given attention to it; some, however, have noticed it, and their observation of its symptoms and unhappy termination correspond but too exactly with my own. For these reasons I have been induced to attempt a description of this disease, to recount the means I have employed for its relief, with their effects, or rather perhaps with their inefficacy, hoping that some of your learned and ingenious Correspondents, having been more successful in their treatment, may be induced to unfold to the public the *means* of their success.

One of my friends has called this disease, the principal feature of which seems to be a spasmodic affection of the glottis, Chronic croup. As terms are of little consequence, provided their meaning be defined, and as in some of its symptoms it does a little resemble croup, I shall adopt the term.

The cases which have fallen under my observation have happened to children from three months old to two years.

The disease commences with a slight degree of strangling and hooping, generally first noticed on swallowing liquids, not exciting cough as if some part thereof had passed into the trachea, but a spasmodic action of the glottis and muscles of the larynx, as I have said, slight at first, but in the progress of the disease so complete as to resist the passage of air into the lungs for a considerable time; at length, however, it rushes in with a deep sonorous hoop, exactly resembling that of chin-cough, but no cough attends. This hooping or crouping is continued for a number of times, gradually abating in force, when the child losing its turgid countenance and difficult breathing, recovers its spirits and appears in perfect health. Soon, however, the irritation and strangling become so great as to cause convulsions, more or less strong; this sometimes happens in every attack, generally however, not more than once or twice a day, though the hooping may recur every hour. Now the child becomes emaciated. During the convulsions the hands and feet are not merely contracted but drawn into a peculiar cup-like form, which they never, even though the fits be for many days suspended, completely lose.

Soon after, the strangling on drinking takes place; the same

same is observed on the child awaking; or, the child is always awoke with a sense of strangling and with hooping. By the bye, it may be observed here, that some children are affected in this way on awaking, without ever having any other symptoms of the disease; and this, so far as I have had opportunity of observing, is unattended with danger.

When the disease has subsisted some days, there is generally thick and short breathing, with heat of skin and frequent pulse; but as these symptoms are always relieved by a calomel purge, I conclude they are produced by loaden bowels. Being removed, they always in a few days return, and are, by the same means, again and again relieved.

These symptoms run on with greater or less violence from one month (the shortest period at which I have seen death supervene) to three, (clearly distinguishing this affection from inflammatory croup). At length they all suddenly become worse; the fits return with redoubled violence and frequency, death soon closing the scene.

So far as my observations go, this disease is not infec tious.

Children at the breast, with others, are attacked indifferently.

For its cure I have nothing efficient to offer.

I have tried the whole class of anti-spasmodics in vain, except that the external application of æther seemed, on one occasion, to afford temporary relief; (was it from abstraction of heat by evaporation?) and that small doses of laudanum, with blistering of the throat and chest, and the calomel purge mentioned above, have, in all the cases I have seen, produced a very considerable abatement of symptoms, often entirely suspending convulsion for days together; but in the end they have uniformly returned, with horrid aggravation, hurrying on the sad catastrophe.

Bark, when the disease had continued for some time, appeared serviceable on one occasion.

Leeches never produced benefit.

Digitalis never did good.

Emetics always seemed useless.

The warm-bath sometimes abated violence of convulsion.

I have not tried cicuta.

The symptoms never warranted general bleeding.

I regret, deeply regret, that the amiable but mistaken affection of mothers has always prevented the examination of the parts after death.

In the anxious hope of obtaining some more scientific account of the nature of this disease, as well as a more effectual mode of treatment, by means of your valuable Journal,

I am, &c.

Dean Street, Finsbury Square, April 15, 1806. HENRY BLEGBOROUGH

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE following case of voluntary abstinence is of as long duration as probably any other recorded in the annals of medicine. In this instance, as in a similar one related by Dr. Willan, in the Medical Communications, vol. 2d. the conduct of the patient, in imposing upon himself such extraordinary privations, appears to have originated from erroneous notions of religion, or, to speak more correctly, from deranged intellects. To the present case is subjoined a history of the appearances that presented themselves on dissection.

It was drawn up under the inspection of M. Desgenettes, chief physician to the army, physician to the military hospital, and professor of the medical college in Paris; by A Ballin, supernumerary surgeon to the military hospital in Paris. I am, &c.

Clement's Inn, May 10 1806. R. HALL.

Pierre Landart, 30 years of age, a native of Raucourt in the district of Ardennes, a soldier in the 9th light demi-brigade, was admitted into the military hospital at Paris, the 16th of January 1802. His ticket of admission contained a request from his captain, that the physician would attentively examine the patient, as he affirmed that he took no nourishment whatever.

In consequence of this intimation, Pierre Landart was watched with the greatest strictness. He complained of no disease whatever. The only motive, he asserted, which had induced his officers to send him to the hospital, was his obstinate refusal to swallow food of any kind, in which he had persisted for two years.

My

My first endeavour was to learn the cause of this man's melancholy, who remained the greatest part of the day in a reclining posture, with his head resting on the hand and arm of the right side. With this intention, I put several questions to him, to all of which he replied vaguely, and without giving me the details I solicited. Conceiving the presence of his comrades might embarrass him, I proposed retiring, to which he readily assented; and when alone, related to me, without hesitation, the history of his disease.

He had been originally bred to the trade of a bricklayer, had received little education, and lived like other men in a similar station of life. Three years previous to this attack, he had been subject to no indispositon whatever; when suddenly becoming melancholy, he grew disgusted with the society of his companions, longed for solitude, and retired to his chamber, where he employed himself very assiduously in reading pious books, such as the Bible, Lives of the Saints, &c. This disposition daily increased, and he partly abandoned his labour, and even abridged his hours of repose, in order that he might read and meditate more constantly. He neither, however, frequented the churches, nor maintained any communication with priests, who, from his own account, had never inspired him with much confidence.

He continued in this frame of mind for about a twelve month, when, on the festival of St. John, after having read and meditated longer than usual, he retired to rest. Scarcely had he fallen asleep, when an angel appeared, and announced to him, that God, satisfied with his prayers and meditations, had chosen him to give to man an example of his power, and commanded him to fast forty days and nights. Filled with gratitude, and proud of the choice of the Divinity, he began from this period to impose on himself the greatest privations; he ate and drank only after long intervals, and when compelled to it by imperious necessity. During this fast of forty days, he grew very thin, and his strength became so much impaired, as to render him unable any longer to perform his accustomed labour. His mother and brother, at whose house he lodged, could not prevail on him to take a greater quantity of food, and every day expected to behold him perish with hunger. At the expiration of the forty days, he beheld in a second dream, the angel who had before appeared to him. This minister of God commended him for the punctuality with which he had fulfilled his former command, and informed him that he was now dead

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to flesh and blood (these were his own expressions) and that, henceforth, he would be under no necessity of taking any nourishment to support his existence. He then presented him with a vase, which he held in his hand, saying that the liquor it contained would suffice to support life, and would never become exhausted; at the same time putting the cup to his lips, he filled his mouth with a red liquor of a delicious taste, and an exquisitely agreeable odour; after which he disappeared.

On awakening from his slumbers, Landart still felt, on his lips, and in his mouth, the divine beverage that had been given him, and imagined he possessed the power of renewing it, at will, by the action of suction. Henceforward, he refused all kinds of food; and when, on being much importuned by his relations, he consented to take some slight nourishment, it was almost instantly rejected. Persuaded that he had been thoroughly regenerated, and full of confidence in the Deity, he was contented and happy, and even became somewhat less meagre.

Landart, until this period, remained perfectly unknown in his own province; but he now began to attract considerable attention. It was supposed by many, that he played such an extraordinary part with the view of exempting himself from the military requisition; in consequence of which, he was sent to Paris, and placed in a battalion, in which he remained several months, uniformly refusing every kind of sustenance: eventually, it was determined to send him to the hospital.

Such is the history of this malady, as communicated to me by the patient himself. This man was of the middle size, had a dark complexion, large veins, and a broad chest; he was of a rigid temperament, had black sparkling eyes, an intent look, very black hair, and an extremely fœtid breath; his tongue was very white, his mouth unusually clammy; he exercised continually the motion of suction, and swallowed the saliva he procured, in great quantity, by this means. His pulse was small and feeble, and beat from fifty to sixty in a minute. He slept very little during the night, and never in the day-time; his mouth became dry and parched, while asleep, or after speaking for a short time.

Such food and drink as appeared proper to one in his condition, were presented him; but he uniformly refused every thing, and each morning we found at the head of his bed the food which had been given him on the preceding evening. The reiterated solicitations of his attendants could not overcome his resolution; he remained

until

until the 26th of March, without taking the least nourishment, either solid or fluid; he, notwithstanding, voided every night an ounce and a half or two ounces of urine, which, on being analysed, displayed no difference from healthy urine, except in containing a greater quantity of acid.

March 26th. He consented to take some drink, and made choice of wine and water, in the proportion of a third of wine to two thirds of water. A pint of this mixture was presented to him, but scarcely had he swallowed half a glassful before he rejected it. I carefully collected what was thus rejected, and found that he had retained about a third of the quantity originally swallowed. This liquid had remained too short a time in the stomach to undergo any change; and, in fact, it was found to be exactly in the same state in which it had been swallowed, with the exception of a small quantity of mucous matter which floated on its surface.

27th. He took two pints of the same beverage, which was rejected, as on the preceding day. The urine was augmented to double its former quantity, and yielded a greater quantity of water when subjected to distillation.

28th. He indicated no desire for any thing, but a little sugar, which he allowed to dissolve in his mouth, during the night; this, he said, enabled him to procure a much greater quantity of the heavenly beverage, which supported his existence. Henceforward, I allowed him every day two ounces of sugar.

29th. He had this day a pint of whey, two thirds of which were rejected.

30th. Having requested a little milk, I indulged him with a pint sweetened with sugar, which he swallowed occasionally in small quantities. Three fourths of it were immediately thrown up; at first, the caseous matter only was rejected, but afterwards the serous part also.

31st. On this day he expressed a wish that the milk might be given to him cold, and without the addition of sugar, in which he was readily indulged. Of the pint thus given to him he rejected the same quantity as before, and in the same state of decomposition.

April 1st. Wishing to accustom him to more solid food, I ordered him three ounces of rice with milk, which he retained about an hour, and then threw up only half of it.

2d. On presenting him with a little panada, he ate it with an appearance of appetite, and retained about one half of it. His urine was less in quantity, for instead of four ounces which he had daily voided since the 27th of March,

March, I collected but three ounces; it was of a deep yellow colour, and presented a very abundant precipitate of uric acid.

3d. He informed me, that he found himself fatigued by the incessant vomitings with which he had been harassed for several days past, and declared a resolution to take nothing farther; in consequence of which, I ordered the attendants not to present him with any food whatever. He also complained of much languor, and requested his dismission.

4th. No food was given him. He had a stool for the first time since his entrance into the hospital, the fæces were hard, dry, brownish, and in small quantity, and the patient experienced much pain in voiding them.

5th. Had no food. The quantity of urine was reduced to two ounces.

6th. Abstinence from food the same as on the three former days. Urine in the same quantity as yesterday. Languid, melancholy, and anxious to leave the hospital.

7th. A day of complete abstinence from both food and drink. Equally anxious as yesterday to obtain his dismission, in the hope of returning to his family. The physician at length yielded to his reiterated applications on this subject, and fixed the following day for his leaving the house.

8th. Displayed the most lively satisfaction, and although weak and feeble, he set out on foot to return to his family.

22d. Pierre Landart, whom we supposed to be far on his way from Paris, was this day brought back on a litter to the hospital. He had only been at the barracks, with his fellow-soldiers, in Oursine-street. After he was put into bed, I approached, and interrogated him, but he had entirely lost his senses. His ideas were perfectly incoherent, and he did not recollect me. I could not discover what had been his conduct since leaving the hospital, whether he had taken any food, or, in short, what had been the circumstances which reduced him to his present situation, so different from that in which he was on leaving the hospital. During his delirium, his religious ideas recurred with redoubled force. He felt, he said, the hand of God weighing heavy upon him. He constantly saw the devil by his side; and unceasingly pursued by him, he refused all kinds of nourishment, and anxiously longed for death.

As he was extremely feeble, we endeavoured to make him swallow some spoonfulls of rice milk; but the muscles

cles of the pharynx were in a paralytic state, so that he could get down only a few drops. He, besides, experienced so much pain in the act of deglutition, that he repelled every thing which was held to his lips, and forcibly kept his teeth shut, in order to prevent the introduction of any food into his mouth. Notwithstanding every obstacle, we at last succeeded in getting down a few drops of some liquid, which was almost instantly rejected.

We had next recourse to injections of broth; the four first were retained, but all those administered afterwards were immediately thrown back.

He died at mid-day, on the 26th.

On inspecting the dead body, the following appearances were observed. The brain was of the natural consistence, firmness, and colour. Some whitish concretions were remarked on the superior and internal part of each hemisphere; but there was no effusion of fluid either between the membranes or in the ventricles. The cerebellum was also in a natural state. The vascular system of the head and sinusses were in no respect preternaturally full of blood. The mouth and tongue were completely dry; this last was besides indurated and shrivelled. The parotid, as well as the maxillary and all the salivary glands, were diminished in size; the excretory ducts of these glands were very visible. The pharynx, the larynx, and the aspera arteria were loaded with a very great quantity of mucus. The lungs were uniformly sound, and without any adhesion to the contiguous parts. A slight effusion had taken place into the pericardium. The heart was much loaded with fat, and of a very deep yellow colour. The diaphragm was perfectly sound. The parietes of the abdomen were very much collapsed, and in contact with the vertebral column. The stomach was reduced to a fourth of its usual size, and contained a very great quantity of yellowish mucus. The œsophagus, as well as the cardia and pylorus were sound. The coats of the stomach were very much thickened, hard, and almost in a cartilaginous state. The duodenum, and the other small intestines were filled with bile of a very deep green colour. Their coats were unusually thickened, but not so much as those of the stomach. The transverse colon, in place of running along from the anterior surface of the stomach, described an opposite arch, the concavity of which was turned towards the great border of the stomach. The rectum contained only a very little fæculent matter, and that nearly in a fluid state. The coats of the intestinal canal were very much

much thickened, throughout its whole extent. The mesenteric glands exhibited no appearance of any obstruction. The liver was of the usual size, colour and consistence. The venous vessels of the abdomen, and particularly the vena portarum, were full of extremely black blood. The gall bladder was enlarged, and distended with very black, thick, and viscid bile, which exhibited signs of incipient concretion. The pancreas and the spleen were uniformly sound. The omentum was very bulky, and interlarded with a great deal of fat. The kidneys and ureters were in a natural state. The urinary bladder was very small, and its membranes exhibited a still greater degree of thickening than those of the stomach and the intestinal canal.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IN the 19th Volume of the General Medical Journal, published at Paris, is an analysis of Dr. De Carro's History of Vaccination in Turkey, Greece, and the East Indies, of which I some time since gave an account in this publication. The analysis in the French Journal is by Dr. Valentin, who has added several notes; and among others, one respecting the best mode of preserving and conveying cow-pock matter. It is much to be regretted, that these hints are still necessary; and many serious inconveniencies arise from want of attention to this subject.

Dr. Valentin observes, that the ivory lancets of Dr. De Carro succeed at a great distance; and are at once the vehicle and the instrument. It is, however, always most adviseable, to make a puncture first with a common lancet. He says, he has seen them adopted in London, by the friends of Jenner. The instrument, however, which Dr. Valentin saw used for this purpose in London, by others as well as myself, was not exactly the same as that sent to me by Dr. De Carro; but a vaccinator, a mere ivory point, or lancet in miniature; such as I described in your Journal for April, 1803. These are, indeed, adopted very extensively; and, I trust, will be universally adopted; unless a better method can be pointed out.

It

It appeared to me, that a vaccinator would be an improvement of the ivory lancet; being a hundred times lighter, smaller, and cheaper than the lancet, when fixed in a handle, and secured in a case. This is of some consequence to those, who give them away in considerable numbers; or receive them by the post.

Dr. Valentin agrees in opinion with those, who condemn the practice of taking matter at a late period; and that of making more than one puncture in one arm.— When in England, he was not become a perfect convert to the opinion of Dr. Jenner, that the cow-pock derives its origin from the grease. He stated reasons for his scepticisms to Dr. Jenner; who urged several arguments in favour of his own opinion, particularly the conversion of Dr. Sacco; and referred him to me for further information. I shewed him many instances in my Treatise. His doubts, however, and those of the French physicians in general, could not be dispelled all at once.

He now tells us, "Mons. Godine, Professor of the Veterinary College at Alfort, has successfully inoculated different animals with the matter of grease; so that he also augments the number of those foreigners, who concur in justifying the theory of that great man, to whom all human nature pays homage."

Mons. Godine, as well as Dr. Valentin, has succeeded in inoculating sheep with vaccine matter from the human subject. Dr. Valentin has re-transmitted it through the human subject. Mons. Godine has not done this; but he has inoculated animals with vaccine matter taken from those of the same species; and thinks he has thus preserved them from the epidemic disorder to which they are naturally subject.

"It is, therefore, evident, says Dr. Valentin, "that the cow is not the only animal, susceptible of the infection of grease on its nipples; or capable of communicating it to other quadrupeds; of which the following fact, related to me, in June last, by Jenner, is a very remarkable instance. An ewe, having yeaned three lambs, of which two died, was troubled with a superabundance of milk; and a servant undertook to milk her, who was at the same time employed in the cure of a horse which had the grease; in consequence of which pustules appeared on her nipples, similar to those which we see on the nipples of cows. A veterinary surgeon declared, that these might be communicated

nicated from the ewe to cows; but the farmer smiled, and did not believe it; nevertheless he consented, at the request of Mr. Henry Jenner, that the same servant should milk his cows immediately after the ewe. In consequence of this, the cows were infected; and they afterwards infected one of the dairy-maids."

Dr. Valentin observes, that during his stay in England, he had made particular enquiries concerning the sheep-pox, but without success; but that Dr. Jenner, and some of his friends, had promised him to pursue a farther investigation of the subject. The respect I entertain for Dr. Valentin, induced me to begin, and to continue my researches, till I had obtained the most full and satisfactory information on this point; which may be found in the Medical Journal for November, 1804.

I was lately told, that this disease had appeared in the neighbourhood of High Wycomb, and in that of Sittingborne; but these reports proved to be erroneous. The following letter from Mr. Murton of Tunstall, near Sittingborne, may perhaps furnish a valuable hint to some persons, who are occupied in rural affairs.

"I am sorry I cannot give you any satisfactory account of the disease, concerning which you have written to me. I have been in the habit of attending to sheep from my earliest years; and never knew, or heard, of their having any thing like the disorder you mention. I recollect perfectly well, that at the time when Mr. Dyne saw our late friend Mr. Woollett's flock, they were afflicted, not with the sheep-pox, but with the scab, or shab; which is considered to be similar to the mange in dogs, or the itch in the human subject. The cure consists of an outward application, of strong tobacco water and oil of turpentine."

As a supplement to Dr. Valentin's notes on De Carro's History of Vaccination in India, I shall here subjoin some interesting intelligence on the same subject; which I have derived from different sources of information. The first is an extract of a letter from Mr. S. D. White to Mr. Ford, dated Madras, March 4, 1805. It is as follows: "I am at present the Garrison Surgeon at Seringapatam; and have the charge of the first Battalion of Artillery; in consequence of which, I am superintendant of vaccination in Mysore. The latter situation is a very interesting one; and I am sure it will afford you pleasure to know, that I have very widely disseminated this invaluable blessing. Upwards of forty-two thousand were vaccinated under my superintendance in the course of last year; and in many parts

parts of the peninsula, a considerable number have also undergone the disease.

The following article is extracted from the Philadelphia Medical and Physical Journal, part 1. vol. 2.

"*An account of the introduction of Vaccination into the Isles of France and Reunion.*"

This account, Dr. Barton, the editor, received from Dr. Laborde. The matter was obtained from India, and the practice became general; yet no adverse case occurred. It is supposed, that at present, there is not a single individual in either of those islands, who has not had either the small-pox or the cow-pock. A hope is therefore expressed, that the United States, quitting the inoculation of the small-pox, which only serves to perpetuate the infection of that disease, will adopt vaccination, which destroys it. Alarms have been excited in Pennsylvania, similar to those propagated in this country, concerning glandular swellings, cutaneous eruptions, and the occurrence of the small-pox after the cow-pox; but those alarms seem, in general, to have been groundless. The same disorders have been observed in those who have not undergone vaccination; and there is of course no reason to ascribe them to this cause.

Those practitioners who contend that the cow-pock occasions eruptions, or other disorders, do not seem to consider, that when they happen after vaccination, popular prejudice, together with pride, vanity, and self-interest, all concur in prompting the parent, or the patient, to attribute them all to that cause. Hence an application is commonly made to some medical man, in such cases, and they acquire notoriety; whereas, if they had been suspected to proceed from the constitution, or any other cause, they would have been concealed; lest they should bring disgrace on the family. Many cases of eruptions are now deemed important, which were once thought only to require a little physic every spring and fall.

In this metropolis, a multitude of eruptions are occasioned, in the winter, by exposing infants to severe cold; and, in the summer, by want of cleanliness. Hence we so often meet with tinea, herpes, and the itch; but still oftener, with bug-bites. These are called by various names, such as rash, eruptions, pimples, humour, scurvy, strophulus, spring eruptions, red gum, papulous eruptions, tooth rash, urticaria, nettle rash, nettle spring, erysipelas, tetters, miliary eruptions, impetigo, psora, scabies, itch, &c. &c. &c. In short, it would far exceed the limits intended

tended for this letter, were I to enumerate all the names and to recapitulate all the titles, which have been conferred on this single disease. It assumes as many forms as Proteus himself; and constitutes a very great majority of all the rashes, and eruptions, that occur in this great metropolis; especially among people of the lower class. It may generally be distinguished by this characteristic; that it principally affects those parts which are most exposed.

But it is by no means confined to people in the lower class of life; on the contrary, I have very often seen it in very respectable families; and I conceive it an important duty to point out the nature of it, to prevent parents from being imposed on by despicable, unprincipled quacks; and children from being purged to death, to cure them of a bug-bite.

I knew one family, in which two children were born in the month of January, in different years; and vaccinated in February. An eruption appeared in each of them in March. Here was a coincidence, which was not considered by the medical practitioner who attended the family, though a sensible man; and vaccination was blamed, as the spring of the year frequently has been, for an eruption occasioned by vermin, then beginning to revive from their dormant state, and to venture out of their recesses. Having been desired to vaccinate one infant, whom I found almost covered with bug-bites, I requested an ingenious and experienced medical practitioner to go and see the case; and to give me his opinion concerning it. He sent me word, that it was a very infectious disorder; and, that when it appeared on one child, it generally soon afterwards appeared on others. This is no wonder, for when the bugs have bitten one child, they soon bite the rest; and the disorder spreads like wildfire.

The alarm excited by rumours of the small-pox after the cow-pock, in Pennsylvania, as well as that of eruptive and other diseases, is no more than has been excited in every other part of the world, where vaccination has been long and extensively practised; and this shews the indiscreet zeal of those advocates of vaccination, who still assert, that there have been no complaints, and no failures, but in this metropolis:

> Non tali auxilio, nec defensoribus istis,
> Tempus eget.

The truth is, that all which can justly be alleged against vaccination, is only like a spot in the sun; and not worthy to be mentioned, when we contemplate the numerous and important advantages resulting from the practice.

In

In the same Philadelphia Journal, is the very extraordinary paper, relative to vaccination, which was printed and circulated by Mr. Birch. In the copy which reached the editor, and which is there inserted, Mr. Birch had added, in writing, the case of my patient formerly of Dorset Street, now of Wildernes Row, Salisbury Square; which is already detailed in this Journal. He has stated that I saw it, and acknowledged it to be the small-pox, which is true; and that it was full, which I deny; but he has not stated that the child never had the cow-pock in a perfect manner. This was not only my own opinion; but, according to the account of Mrs. Smith, the mother of the child, it was the opinion of every medical man who enquired into the case. After this, I could not but be surprised, that several of them, all antivaccinarians, should affirm, and affirm with an unblushing front, that this was a case of the small-pox after the cow-pox.

This transaction reminds us of one that occurred at Bath; in which a similar imposition was attempted by Mrs. Codey, an unfortunate woman of that city, who died of the small-pox. In the Bath Journal of the 19th of August, 1805, Dr. Parry informs us, that this unhappy woman, gave a false account of her child's case; and that only a few days before her death, she told various gentlemen, and others, that she had been vaccinated by Mr. Barnes of Pewsey, who assured her she would never have the small-pox; yet Mr. Barnes denies having inoculated her; and her own father and mother, and others, absolutely assert that she was inoculated by an ignorant cobler.

On Mrs. Codey's conduct, with regard to her child, Dr. Parry makes the following remarks. "This corrected narrative of Mrs. Codey, though sanctioned by the mockery of an oath, cannot therefore be true; any more than all the three accounts can, in other respects, be reconciled, or that it can be true that Mr. Edwards did not see the child during the eruption, as the woman positively asserted to us at the Vaccine Institution, and that she did see him during the eruption, as she swore before the worthy magistrate, whose name is quoted in your paper.

"On the whole, I have little doubt that this boy's complaint was the chicken pox, which has been at all periods with difficulty distinguished from the Small-pox by wiser men (with reverence be it spoken) than Mr. Edwards, and which is often preceded by violent fever, and followed by at least as deep pits as the confluent Small-pox. But then the woman swears, that the boy had had the chicken pox.

For my own part, I am very slow to trust those whom I have once detected in a falsehood; and to me it matters not, whether an untruth be told before God, or before a magistrate.

"Sir, this is a solemn cause, in which are absolutely concerned the lives and happiness of a large part of the human race, and in which any concealment of facts, or of opinions justly founded on those facts, would be as weak as the ignorance, and as criminal as the disingenousness with which we have to combat. Of this disingenousness, it is lamentable to see the extent. What shall we think of that spirit, which could induce one unfortunate woman in this city, whose case has been quoted with such triumph by the opposers of vaccinism, and, as usual, quoted only to be refuted, to rush into the presence of her Creator, with a falshood of this kind still warm upon her lips!"

Mr. Edwards of Walcot, having excited a local pustule in the arm of a child who had been vaccinated, by variolous inoculation, declared he had given him the small-pox; on which, Dr. Parry makes the following remarks.

"I positively assert that this patient, though inoculated for the small pox, has not taken the disease; that is, to apply Mr. Edwards's test in his own words, 'as no symptoms were present, such as fever producing eruptions, I do not hesitate to say, the person was not affected with the disease.' I know that many respectable friends of Mr. Edwards, who are acquainted with this case, are ashamed of his conduct on this occasion.

"Mr. Edwards must know, that nurses, or other persons, may, by inoculation, or by contagion, frequently have local pustules, though they have previously had the inoculated or natural small-pox; and, according to his own premises above quoted, I should not admit Master Griffiths to have had the small-pox, though Mrs. Hanham, or Mrs. Battlebury, or Mr. Edwards, should, in their laudable zeal, take matter from the inoculated arm of this patient, and thus continue their malignant practice of spreading this hateful pestilence, to the destruction of half the human race.

"Let these persons go to their pillows with this reflection, and sleep on them with what comfort they may: and let them, by publicly boasting of the success of their own efforts to spread this scourge of mankind, in spite of all the efforts of the friends of humanity to expel it for ever from the face of the earth, afford a farther proof, if any were

were still wanting, that insolence usually accompanies vice."

The preceding account of the introduction of vaccination into the Isle of France, is confirmed in the Asiatic Annual Register for 1804, in the following words:

" Cow-Pox.

" By late advices from the Isle of France, we have the pleasing information of the cow-pox being introduced into that colony; and that upwards of three thousand persons have been vaccinated under direction of a committee *appointed by government.*

" The inhabitants are indebted for this blessing to Captain Deglos, of the ship Phillipine; who, in March last, carried several children thither with the disease; which he kept up by successive inoculations during the voyage."

Thus this invaluable discovery is every where propagated, and every where cherished, except in its native soil; where the coldness and apathy of one class, the prejudice and ignorance of another, and the misrepresentations and falshoods of a third, have in a great measure blasted its happy fruits.

I long ago communicated the intelligence received from New South Wales, that Mr. Savage had succeeded in planting vaccination in this extensive territory; which may be considered as a fifth part of the habitable world. I now learn, that the matter, which I sent him, and which was dated October 14, 1803, was not used till May 8, 1804; so that it was, at least, seven lunar months old; and, as it was some time in collecting, part of it must have been seven calendar months. Different governments in India, despairing of success any other way, had it in contemplation to send out a number of children, in order to convey recent virus, had not that object been happily accomplished by vaccinators well charged, sent from this country.

The success of this experiment is the more remarkable, when we consider that the nearest part of New South Wales is twice as distant as the remotest part of India; and that although matter has been frequently sent from this country to India, it never succeeded there. When the last ship left New South Wales, vaccination was still practised there, as well as at Norfolk Island, and all the other settlements; and upwards of eight hundred persons have thus been protected, as far as they can be protected by human power, from the ravages of the small-pox.

The following article, also extracted from the Asiatic Annual

Annual Register for 1804, is an additional proof of the happy progress which vaccination is still making; and of the high esteem in which it is held every where, except where it ought to be esteemed most. It is the first authentic account of its introduction into the continent of Africa.

"It is with high gratification we learn, that vaccine inoculation has been successfully introduced and established at the Cape of Good Hope, by means of a Portuguese ship arrived from Mozambic. The inhabitants universally adopted it; and made the whole of their slaves undergo the operation. So thankful, indeed, were they for the blessing, that the government of the colony permitted the vessel to prosecute her voyage, notwithstanding the strict embargo under which she had been laid."

To these important articles of intelligence, relative to the progress of vaccination in the remote parts of the world, I shall now add one from the Bibliotheque Britannique. It is an extract of a letter from Dr. Sacco, of Milan, to Professor Odier of Geneva, dated Aug. 12, 1805; of which the following is a translation.

"Having read the extract of the pamphlet of Mr. William Goldson of Portsmouth, which you have published in the Bibliotheque Britannique, I have had it greatly at heart, to put vaccination to the test of variolous inoculation, in children who have been vaccinated several years. But in the kingdom of Italy, where we already reckon more than four hundred thousand persons, who have been vaccinated, nothing is more uncommon, for these three years past, than the small-pox. Nevertheless, after many ineffectual inquiries, for the space of three months, I at length procured some fresh and select variolous matter from Cremona and Ferrara, preserved on threads and glass, taken from a child who had the confluent and perfectly unequivocal small-pox.

With this matter I inoculated, in the most careful manner, eleven children; five of whom had been vaccinated in the year 1800, five in 1801, and one in 1802. In eight of these children, the punctures produced no effect. In the three others they inflamed, suppurated, dried, and scabbed, before the 8th day, without producing any indisposition, or symptom of the small-pox. It is therefore evident, that the cow-pock is a permanent security against the small-pox: and how can this be doubted, when it is seen, that in such of our departments as have not generally adopted vaccination, the small-pox does not infect those children who have been vaccinated; although

they daily associate, in various ways, with those who labour under the small-pox, and those who are recovering from that disease?

" *I must add, that although I long since prevailed on all the clergy to offer their parishioners a reward of fifty sequins, provided they could produce a single instance, well authenticated, of the small-pox after the regular and perfect cow-pock, no one has hitherto claimed it.*

" Mr. Goldson has no less deceived himself, when he tells us of the possible degeneration of cow-pock matter, in passing from one subject to another. I have prosecuted the experiment; and accurately examined it, to the 117th generation; and hereby certify, that I have never observed the least difference between those who were vaccinated first, and those who were vaccinated last."

The Bibliotheque Britannique also contains some account of Dr. Anderson's work, relative to the progress of vaccination in India: to which is subjoined the following observation by Dr. de Carro. " When we see so great an emulation between the medical practitioners in England, and those in India, in promoting a beneficial practice, which is so free from inconvenience, and so much to be relied on, we cannot but be astonished, that it is still attacked and decried by certain physicians, in the very country which gave it birth; and that three authors have very lately published pamphlets with this design.

" Dr. Moseley's pamphlet is entitled ' Observations on the Cow-pox, or Lues Bovilla.' The very title of this work is sufficient to shew, how little the author understands, or wishes to understand, the practice of vaccination.—Dr. Squirrel has entitled his pamphlet ' Observations addressed to the public, by Benjamin Squirrel, formerly *Resident Apothecary to the Small-pox and Inoculation Hospital.—Hinc illæ lacrymæ !*"

Mr. Moore tell us, that " Dr. Jenner's discovery is a touchstone, intended to shew what proportion of selfishness alloys the human heart; and that it is calculated to make known, whether the scenes of misery, which medical men are compelled to witness, blunt their feelings."—He thinks the result honourable to the faculty in general; and is even inclined to believe, that the few practitioners who oppose vaccination, oppose it from a conviction, that it is not likely to be of use.—This is, indeed, a very charitable concession; and I hope a time will come, when the opponents of vaccination will give some proof that they deserve it. Hitherto appearances have been much

 against

against them; and some people have doubted the sincerity of their professions, and the truth of their statements; but charity believeth all things.

One of their Commentaries now *lies* before me; in which it is pretended that several persons in the neighbourhood of Bristol, vaccinated by Dr. Jenner, have since had the small-pox, or other diseases occasioned by the cow-pox. Having sent this publication to Dr. Jenner, I am authorised to say, that the whole statement, as far as regards himself, is totally destitute of foundation. Five persons are said to have been inoculated by him; but he assures me he did not inoculate one of them.

In short, the whole statement appears to be an artful fabrication, intended to support a drooping cause. It is ascribed by the author to Mr. Sutton.

The tempting overtures made by the opponents of vaccination to the inoculators for the small-pox, and their readiness in listening to them, reminds us of two songs in the Burletta of Midas.

M. If you mean to hire for service,
Come to me you jolly dogs;
You can help to bring home harvest,
Tend the sheep, and feed the hogs.

S. I, kind Sir, accept your offer,
Farther on I may fare worse;
Zounds, I can no longer suffer
Hungry guts and empty purse.

By the harvest, we are to understand *a golden harvest*; and, by *sheep* and *hogs*, the *weak and unthinking multitude*; who, trusting to the fallacious promises of certain boasting pretenders, are led like sheep to the slaughter,

" And lick the hand just rais'd to shed their blood."

After this detail, shewing somewhat of the dark side of human nature, the following letter, which I lately received from an enlightened and disinterested physician in considerable practice, than whom, I am assured, vaccination has not a firmer friend, must afford every philanthropic mind some relief.

" *Torrington, Feb. 17th,* 1806.

" Sir,

" I should have taken an earlier opportunity of thanking you, for your polite attention in sending me the vaccinators; had I not waited the result of vaccination in my little son; who, I have the pleasure to say, has gone through that

that desirable process, in a way adequate to my most sanguine wishes.

"I am truly concerned, as every man must be, who feels anxious for the improvement of medical science, to see opinions advanced, on the important subject of vaccination, with *a want of liberality*, and, I fear, in many instances, *with wilful misrepresentation, for the purpose of personal invective.*

"In this part of Devonshire, as far as my practice and information extend, vaccination has obtained a complete triumph, by a continued series of incontrovertible facts. Wishing you and your Colleages every success in the prosecution of this great and important benefit to mankind, I remain,

Sir, your much obliged,
And very humble servant,
JOHN WALDON."

Among the publications of the description alluded to by Dr. Waldon, that of Dr. Rowley stands pre-eminent. The author has since paid the debt of nature; but his book still lives; and if the numerous misrepresentations it contains be not corrected, it will still add to the incalculable mischief which it has already produced. I shall therefore continue to examine it with that freedom, which truth, and a just regard to the characters of the living require. Should I happen, in any instance, to commit an error, I shall be happy to be corrected in my turn; which can be no very difficult task, while so many of Dr. Rowley's friends, and almost all the parties concerned are still living.

In his introduction, p. IV. he says, a child of Mr. Barrell, in Phillips's Gardens, Tottenham Court Road, had the small-pox afer the cow-pock; and that the practitioner who had vaccinated the child confessed it; but declared it was an accident.—Mrs. Barrell declares that this is false.

P. VI. he says, he has introduced into his work *"a plan for prosecuting future inquiries, and preventing loss of time;"* a plan to which he most religiously adhered. It is inserted at p. 32 of his pamphlet; and may be comprised in a few words. It is as follows:

"Have the parties been inoculated for the cow-pox?"

"Have they had the small pox afterwards?"

If these questions are answered in the affirmative, we are told it is unnecessary to ask any others; that it is not

material to inquire whether the cow-pock was genuine or spurious, or even whether infection took place at all. These inquiries, he tells us, are irrelative to the question; and can only confound fools. This is the way in which he proposes, that "the most *severe investigation* into the subject should be instituted; and all idle disputation and altercation suspended." This will easily account for the long and formidable catalogue of cases, which Dr. Rowley and his Colleagues have brought forward against vaccination.

Dr. Rowley vehemently declaims against all hypotheses and conjecture; yet no man has indulged himself in hypotheses and conjectures more than he has done; it is, indeed, remarkable, and appears rather ominous, that his pamphlet begins with "*Visionary conceits, irrational projects, uncontrouled arrogance, and an obstinate perseverance in error.*"

P. 4. Dr. Rowley asserts, that the safety and certainty of small-pox inoculation is established by the successful experience of a hundred years. This is not correct. The inoculation of the small-pox, it is well known, is neither safe, nor certain; and it has not been regularly practised in this kingdom a hundred years.

He tell us, that this inoculation had arrived at the utmost degree of perfection; and that it was next to impossible to lose an inoculated patient out of many thousands. He says, the certainty of safety and securely preventing the small-pox "had been infallibly proved by *millions*, nay *myriads*, of instances."—Here he represents ten thousand to be more than a million. This is one among the many instances of ignorance in the opponents of vaccination, who call others ignorant and illiterate; and treat them with contempt.

He says, the "*safety* and *certainty* of variolous inoculation are proved, beyond the possibility of *doubt*, cavil, or disputation."- This is refuted by the experience of every civilized country; every day, and every hour.

He says, a new disease from the brute creation, called the cow-pox, has been "ushered into the world precipitately and vehemently."—It was, however, in the world long ago; and, in the opinion of the most learned and enlightened part of the community, has not been ushered into medical practice with half the zeal which its importance demands.

Dr. R. says, the practice of the inoculation of the small-pox is safe, mild, and certain. Mr. Moore, however, in his Reply

Reply to the Antivaccinists, is bold enough to controvert this position. He says, p. 64, "the improved method of treating the small-pox renders it less destructive now than it formerly was; and inoculation *commonly* makes it safe to the person inoculated. A part, however, of those who are inoculated die. This is admitted by all *eminent* and *candid* physicians. The proportion of deaths it is difficult to ascertain; no practitioner, *for obvious reasons,* being willing to acknowledge *the whole truth* on this delicate point. All writers, however, agree in this, that *the confluent small-pox* is sometimes produced by inoculation. They likewise mention *epileptic fits* as a frequent occurrence; *and there is no man, whose testimony is worth listening to, who can dare assert, that the confluent small-pox, and epileptic fits, are not very alarming circumstances.*

"As these are *very common,* some, and especially the weakly, must sink under them. This is so well known, *that no physician, or surgeon, who had any regard for truth, or for his own character, ever pretended that the operation was void of danger.* The number of deaths has been estimated at one in a hundred, or one in two hundred; and there is no reason to suspect, that practitioners have exaggerated their ill success."

Mr. Blair, in his able publication, entitled The Vaccine Contest, observes, that during the preceding year, prejudices against vaccine inoculation were excited with great industry, by the different opponents of vaccination; some of whose names and deeds will probably be long remembered by the public, with feelings of honest indignation. He tells us, that the falsehoods and misrepresentations which were propagated at times, had such an effect, as to put a total stop to vaccination at the Bloomsbury Dispensary for upwards of three months. In consequence of this unfortunate occurrence, Mr. Blair thought it his duty to read Dr. Rowley's vaunting pamphlet; of the tendency of which he was in some measure previously informed, by means of puffing handbills, newspaper paragraphs, and disgraceful handbills upon all the dead walls of London.

Mr. Blair is of opinion, that he has never read a publication so unfair, so insidious, so deceitful, so mischievous, so full of invective, so full of falsehood, so inconsistent, or so repugnant to decency, as that of Dr. Rowley. Hence he conceived the idea "of turning against an implacable adversary, the murderous weapons which he himself had provided for another purpose." He observes,

serves, that although it is an ungrateful task, it would not be lost time, to extract the essence of Dr. Rowley's extraordinary performance; and to shew its genuine deformity. "The real character and motives of an opponent, *who is so entirely devoid of justice and decorum,* cannot be better discovered, than by dissecting, analysing, and exposing to public view, what may be called the vitals and sinews, the internal springs, the peculiar features and tone of his composition: and if it should be found, that his character and motives are far from being pure, except in his own eyes, it may be questioned whether his pretended *truths* are unexceptionable, or his alleged *facts* such as honesty demands."

Mr. Blair next observes, that in undertaking this task, he cannot justly be suspected of acting from personal pique or resentment, in consequence of insults received by him, in common with many of his medical friends; since he is "*one of the few practitioners, whom Dr. Rowley has never offended.*"—He acknowledges, however, that the *praise* of such an author is worse than his *censure.*

He tells us, in a postscript, while his pamphlet was in the press, he was informed, that Dr. Rowley had been summoned to another, and more awful tribunal, than that of man. But, he adds, as what he has written in answer to him is of equal concern to the public, whether the great champion of antivaccination is living or not; and as the errors which were so industriously propagated by him, are still kept alive by others, and not likely to be soon eradicated, he could not refrain from publishing, what he had conscientiously written for the good of mankind.

At the conclusion of his work, Mr. Blair introduces some remarks on the comparative advantages of variolous and vaccine inoculation, under the title of Hints to Parents. He there describes the havoc of the small-pox, and the miseries entailed on those who survive the ravages of that dreadful disease. He then subjoins the following observations, which deserve to be read with great attention.—"Should you think to prevent all these distressing consequences, by inoculating your children for the small-pox, it is to be remembered, that the same kind of disorders may follow inoculation; although the danger is thereby much lessened. There is, however, one distressing consequence, produced by inoculation, which you may not always consider. Your neighbours may thus be exposed to a distemper, which did not before exist among them. The infant whom you inoculate may escape with life;

life; but the children of others may catch the small-pox from him and perish. Let me notice the danger of your own child's situation. One in two hundred, and often a still greater number, will die of the small-pox, when produced by inoculation; and the circumstance of your having voluntarily exposed your infant to a fatal disease, will ever be a bitter subject of reflection."

He expresses his opinion, that Dr. Rowley's *matters of fact,* as he calls them, and his *Antivaccinarian Society,* are a disgrace to the medical profession; that he has impeached the moral characters of those, who are far his superiors in reputation and virtue; that his pamphlet is a gross libel on the characters of men of the first celebrity, and merits no other title, than that of being a most scandalous vehicle of falsehood.

Mr. Blair also notices the degree of estimation in which Dr. Rowley was held among the respectable and honourable part of the faculty. He notices his puffs, his handbills; his humiliating attentions to self-dubbed doctors and apothecaries, and the feasts with which he was continually treating them, both in town and country, by way of a bribe, in order to prevail on them to consult him, and to countenance his artful and self-interested plans.

> Ambubaiarum collegia, pharmacopolæ,
> Mendici, mimæ, balatrones, — hoc genus omne
> Moestum ac sollicitum est cantoris morte Tigelli,
> Quippe *benignus* erat.

So said Horace long ago; and had he been living now, he could not have expressed himself in more appropriate terms. It is not a regard for the character of *Dr. Rowley,* but *for their own,* which must stand or fall with his, and a regret for the gratifications they have lost, that has extorted such high-flown panegyrics from the pens of his surviving colleagues. Compassion to their present abject state, would induce us to be silent, and not to trample on fallen enemies; "but," to use the words of a celebrated political* writer, "when facts are so daringly challenged, compassion would cease to be a virtue."

I am, &c.

New Street, Hanover Square,
May 14, 1806.

JOHN RING.

* Junius.

To

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

SINCE the Cow-pox engaged the attention of the medical world, as the means of preventing the horrors of the Small-pox, I fear little attention has been paid in a *direct* way to lessen those horrors when they *have* occurred.

While the friends of Vaccination have reared it from infancy to puberty, and given it a place in their own confidence and in that of the public, from which I trust it will never be removed; and while its enemies have been employed in throwing their arrows at its engaging form, to injure or destroy its growth, or while others have been engaged in free and liberal discussion of its merits, I believe *all* have omitted to suggest any improvement in the means of lessening the miseries and danger of the small-pox.

Now that the mind is relieved from all anxiety about the fate of the cow-pox, it will naturally turn itself to the consideration of the means of lessening the fatality and the pains of the small-pox, while unhappily any objects are left for it to seize; for I am sure every one of common humanity, who has witnessed any of the miseries and the fatality of the small-pox during the last year, could not but feel the desire of combating the disease in a more effectual manner than it is at present. In the true spirit of Christianity too, the friends of vaccination will feel equal pity for the prejudiced and the deluded, as for the ignorant, and will commiserate the fate of the victims of either, when suffering from the effects of the small-pox; thus with one hand presenting the cow-pock as a *shield*, and with the other lessening the pains of the small-pox in those who have been so unfortunate as not to be protected by it.

Influenced by such feelings, I beg leave to bring forward to notice a case of *confluent* small-pox, successfully treated by me some years ago, but by means, I believe, *very different* from what is generally thought requisite in *that species* of small-pox. In the *distinct* species there has long been no difference of opinion *amongst medical men*, as to the proper mode of treatment; but I have reason to know that in this place, and I dare say in many others, the treatment of the *confluent* species is, in general, very different from what I think it ought to be. It is, prima facie, indeed

indeed strange, that any line should be attempted to be drawn between small-pox distinct or confluent, and more so that any particular mode of treatment should *stop* at such supposed line, and that *then* an opposite mode of cure should be thought necessary.

The case I am going to give you was under my care in the Infirmary in this town. It is but very seldom that a physician here has an opportunity of attending cases of small-pox in such a way as to be able to carry into full effect any particular mode of treatment, for in the middle and higher circles of society a case of casual small-pox never almost occurs, and amongst the poor, he finds neither the power nor the inclination to fulfil his views; amongst them he still finds the same attachment to heat from a warm fire, from blankets and confined beds, and the same aversion to cold air or cold water; even amongst nurses, and those who ought to be better informed, the idea still prevails, that washing and change of linen weakens and reduces the body; it is seldom therefore, and only in an Hospital, that the result of any particular mode of treatment in small-pox can be fairly ascertained.

It is now about seven years since the following case came under my care; and when the means of cure I attempted proved successful, I reserved it for another object,* besides that of recommending a more successful method of treating confluent small-pox: but I give it abstracted from every other view *at present* than that, which I most anxiously desire, of lessening the misery and mortality occasioned by the small-pox; and for this reason I will too refrain from making any remarks, but for the sake of explanation, on the means of cure I adopted.

Jan. 10, 1799, William Clark, aged 21, was admitted into the Infirmary on account of symptoms resembling those of acute rheumatism. The physician who received him, ordered the following medicine for him.

Antimon. tartar. gr. $\frac{1}{4}$; solut. omni hora donec purgat. deinde; pulv. cort. Peruv. ʒſs ex infus. pectoral. 3tia. quaque hor.

The next day, the 11th, the physician who received him being at a distance, I was called upon to attend him, on account of an eruption that had appeared, which covered his body, and seemed to be small-pox. On inquiry, he said, that on the quay-side about fourteen days before,

* This, with your permission, I propose to enlarge upon: and, probably, in your next Number.

fore, he passed a woman with a child that had small-pox, and though at some yards distant from the object, he felt immediately a very *sickening* smell; he was a sailor and in full habit of body. He was now very feverish; I ordered him to be immediately taken to an out-building, which was kept ready to receive contagious diseases, to be well washed with cold water, and directed his medicines as follow.

Continuatur antimon. tartar. gr. $\frac{1}{4}$; solut. 2d q. q. hor. et capiat decoct. nitros. (sal nitri ʒj in decoct. hord. ℔j. solut.) pro potu. His diet was limited to gruel and milk.

14th, Eruption quite general, and already very confluent; fever less.

R. Infus. senn. tartar. ℥ij. Kali tartar. ʒij ft. haustus mane quotidie sumendus. Continuatur decoct. nitros. ad ℔ij. per diem. Omittatur solutio, antimon. tartar.

16th. Fever much abated; symptoms favourable.

Continuatur decoct. nitros. et repetatur haustus purgans mane.

17th. From the 11th, his diet had been oatmeal gruel or milk. The purgative draughts operated always three or four times; he lay on a bed lightly covered with linen only; the season of the year was cool; a current of air passed constantly by his bed between an open door and window, and he was regularly washed; but as maturation took place, the washing was confined to his face and hands; his pulse was now under 100, his breathing not affected, no delirium; and though every part of his body was covered with a continued *sheet of matter*, yet he was not heated nor uneasy, and the swelling usual in distinct small-pox had taken place. Considering the maturation of the eruption now *at its height*, and dreading a secondary fever and other bad consequences from the absorption of so loose a quantity of morbific matter as must take place, I determined to try to correct the effects of such an absorption by the nitric acid, and to hasten the process of scabbing externally by a wash. It occurred to me that if pure air corrected externally the bad smell from the disease, that the oxygen of the nitric acid would correct the variolous motion internally. The following medicines were now therefore ordered.

Capiat. acid. nitric. ʒj. ex decoct. hord. ℔j. partitis vicibus per diem. Injiciatur vespere enema purgans. Intermittatur decoct. nitros.

18th. Every symptom continues favourable:

Continuatur acidum nitricum; repetatur enema purgans vespere.

19th.

19th. Continuantur medicamenta.

20th. Capiat. acid. nitric. ʒiſs ex decoct. hord. ℔jſs. haust. part. quotidie; repetatur enema purgans vespere.

21st. Continuatur acidum nitricum et capiat cort. peruv. ℈. ij. magnes. ust. ex aq. menth. ℥jſs bis die.

23d. Continuatur medicamenta.

He now was encrusted with *one scab* over every part of his face and body, but free from any complaint; his appetite returned, and he was allowed boiled milk and bread for supper and breakfast, and pudding for dinner; *no secondary fever took place*, and the scabbing process was very rapid, which was perhaps assisted by a wash of the solution of cerussa acetata; he remained in his room until the scab separated, and his strength was so much restored as to enable him to join his ship; his face and skin on every part of his body was left quite smooth, without any visible pits or other marks; he was visited by most of the medical officers of the charity in the different stages of the eruption, and a nurse remained constantly with him. He was very obedient to every direction, and very grateful for his recovery. He continued the nitric acid and the magnesia usta for another week; the nitric acid still to correct any matter absorbed, and the magnesia usta to carry it off by the bowels; after which, more quickly to restore his strength, he took the cinchona twice a day for two weeks, when he was discharged.

I need not mention the common practice of giving wine and other liquors in confluent small-pox; and even in the distinct species, there is a great inclination to do the same. Whatever conviction there is with regard to the good effects of cool air and cleanliness in small-pox and other diseases, still the *stimulating* plan of diet and medicine creeps in. On this subject, I dare say, many will be desirous to know the practice in the Small-pox Hospital, now under the care of Dr. Adams, and whether it has continued the same for many years. I doubt not but such information, if Dr. Adams will have the goodnes to give it, will be of general use, and it will be particularly acceptable to me; the result of the practice should, however, at the same time be stated.

J. WOOD, M. D.

Newcastle, April 4, 1806.

VACCINE INOCULATION.

AT a numerous meeting of the Medical Gentlemen of Liverpool, convened in the Board Room of the Infirmary, on Tuesday the 29th of April, 1806, for the purpose of taking into consideration certain Resolutions on the subject of Vaccine Inoculation, which had been previously drawn up by a Committee, consisting of the following gentlemen, viz. Dr. Rutter, Dr. Lyon, Dr. Bostock, Dr. Briggs, Mr. Park, and Mr. Dawson.

Dr. BRANDRETH in the Chair.

It was Resolved, unanimously,

1st. That the subjoined declaratory Resolutions be adopted.

2dly, That the said Resolutions be presented to those professional gentlemen in town, who were not present at the meeting, for their sanction and signatures; that when these signatures are obtained, the proceedings of this meeting, together with the Resolutions, be inserted once in each of the Liverpool newspapers; and that 2000 copies of the proceedings and Resolutions be printed for general circulation.

3dly, That the thanks of this meeting be given to the Committee above named, for their trouble in drawing up the said Resolutions.

4thly, That the thanks of this meeting be given to Dr. Brandreth, for his cool and patient attention and conduct in the Chair, during a long discussion of this important subject.

JOSEPH BRANDRETH, Chairman.

RESOLUTIONS.

WE, the undersigned, being impressed with a strong conviction, that the advantages of Vaccine Inoculation are, in many important circumstances, greatly superior to those of inoculation for the Small-pox: and being desirous of extending and diffusing these advantages as widely as possible in this town and neighbourhood, where Vaccination has hitherto been practised to a less extent, in proportion to the population, than in many other parts of this kingdom, and even of this county, have agreed to the following Resolutions, as declaratory of our sentiments on this most interesting subject, viz.

Resolution 1st. That, in our opinion, inoculation for the Cow-pock

Cow-pock affords to the human constitution a protection against the contagion of the Small-pox, as complete and effectual as can possibly be derived from inoculation for the Small-pox.

Resolution 2d. That, in our opinion, inoculation for the Cow-pock is greatly preferable to inoculation for the Small-pox, for the following reasons:

1st. Because the disease produced by Vaccination not only is never fatal, but is never even attended with danger; whilst, on the contrary, it is well known, that, of such as have been inoculated for the Small-pox, some have occasionally died, notwithstanding every precaution; and it is equally notorious, that in those who have passed through the inoculated Small-pox, the disease has been sometimes dangerous and severe, and its effects on the constitution have been often permanently injurious, by exciting other diseases into action.

2dly, Because the Vaccine disease is not infectious, as the Small-pox always is, whether it be received naturally, or by inoculation.

3dly, Because it may be communicated with perfect safety, under circumstances which render Small-pox inoculation peculiarly formidable; as, in the state of pregnancy, and during infancy, and the period of dentition.

And lastly, Because it has never been followed, in any instance that has yet come to our knowledge, by any effects of a serious nature. Cutaneous eruptions have occurred in a few instances after Vaccination here as well as elsewhere; but it has by no means been proved, that such eruptions are fairly to be ascribed to Vaccination as their cause. And in this opinion we are confirmed by the public testimony of the ablest and most respectable practitioners in the metropolis, who have paid close attention to this subject, and who have declared, that "many well known cutaneous diseases, and some scrophulous complaints, have been represented as the effects of Vaccine Inoculation, when, in fact, they have originated from other causes, and, in many instances, have occurred long after vaccination; and that such diseases are infinitely less frequent after Vaccination, than after either the natural or inoculated Small-pox."

Resolution 3d. That, influenced by these powerful considerations, we feel it to be our incumbent duty to discourage the practice of inoculation for the Small-pox, being firmly convinced, that it does not present to us one single advantage which cannot be obtained with equal certainty, and

and without any danger, by Vaccine Inoculation; and that it prolongs the existence, and extends the ravages, of a most destructive disease, which Vaccine Inoculation promises ultimately to exterminate.

As an additional reason for this Resolution, we think it necessary to state, that it appears from authentic documents, and from calculations founded upon them, which were produced in evidence by respectable professional Gentlemen, when they were examined on this subject by a Committee of the House of Commons, in the year 1802, that the mortality of the small-pox has been increased since the introduction of inoculation. And this mortality has prevailed to such an extent, that not less than 34,000 individuals have annually perished by that disease alone, in the United Kingdom of Great Britain and Ireland.

For these reasons we give a decided preference to Vaccine Inoculation; and we are determined to use all our influence to promote the practice of it in this town and neighbourhood as extensively as possible, amongst all ranks and classes of society.

John Ball
Edward Barnes
Francis Baron
Oliver Barron, M.D.
W. Barrow, M.D.
S. Beetenson, M.D.
John Bostock, M.D.
Joseph Brandreth, M.D.
Jos. P. Brandreth, M.B.
Joseph Brandreth
W. Briggs, M.D.
S. Bromley
Rt. Buddicom
Robt. Buchanan, M.D.
Christ. Buck
Jas. Carson, M.D.
Thomas Christian
Law. Cotham
John P. Dale
James Dawson
Robt. Fleetwood
Richard Forshaw
James Gerard, M.D.
W. Gresley
Thos. Fairfax Hay
H. B. Hensman
Thomas Houghton
John Hicks
L. J. Jardine, M.D.
Thos. Jeffries, M.D.
Robert Lewin, M.D.
James C. Lynch, M.D.
Peter Lindsay
John Lyon, M.D.
John M'Cartney, M.D.
George Mather
John M'Cullock
Patrick M'Dermot
John M'Gowan
Henry Park
Wm. Perry
J. W. Pursell, M.D.
Wm. Lucas Reay
Thomas Renwick, M.D.
John Rutter, M.D.
John Shaw
C. Shuttleworth
Robert Simon
O. Thomas
M. Timons
Tho. Stewart Traill, M.D.
C. Worthington
Jos. Vigneaux

ON

On the doubtful Origin of Cow-pock Matter, by Dr. Kinglake.

To the Editors of the Medical and Physical Journal.

Gentlemen,

It has been insisted on with more or less positiveness by different inquirers, that the source of Cow-pock Matter is a diseased secretion in the heels of the horse, usually denominated *grease*. The advocates of this opinion concur in asserting, that this equine fluid or *grease* applied to the cow's teat, will, under suitable circumstances, produce the genuine pock, which promises soon to supersede inoculation for the small-pox, and eventually to exterminate that severe disease altogether. It is not my design to question the permanent efficacy of cow-pox in preventing small-pox; but to object to the unqualified terms in which this benign disease is ascribed to what must yet be considered as a doubtful source.

Mr. Ring has laboured to establish the probable advantages of vaccine over variolous inoculation much more successfully than he can be allowed to have elucidated the identity of vaccine and equine matter, which he asserts, under either appellation, equally destroys the innate susceptibility for the small-pox infection.

Mr. Ring thus expresses himself, in page 168 of the 84th Number of your Journal, "That the disease called the genuine cow-pox proceeds from the horse is as clearly proved as any other fact in medical science; a similar disease, endowed with similar prophylactic virtue, having been repeatedly produced in the human subject, without the intervention of the cow. This, among other instances, has been done by Dr. Sacco, of Milan, who was before sceptical on the subject, in the presence of several medical men assembled for that purpose, one of whom was a friend of Dr. De Carro. Matter of this kind has been transmitted to Dr. De Carro, and to Dr. Friese, of Silesia, and has also succeeded in their hands. They now inoculate indiscriminately with equine or vaccine matter, and with equal effect. "One of our Medical Journals, some months ago," continues Mr. Ring, "announced that another practitioner in Germany had also succeeded in an experiment with equine matter."

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In my view of the possible hazard of trying what might be the event of inserting the acrid and fœtid matter issuing from the diseased heels of the horse; it would not be warrantable for me directly to extend the experiment to the human subject. Mr. Ring has, indeed, adduced some authorities for the practice; but surely, if it be so indisputably safe and efficacious as he represents it to be, how is it that not a solitary experiment on the subject has been made in our own country? in the very country where the idea of the supposed identity originated? Perhaps others, as well as myself, have been feelingly deterred from risking the precarious consequences of introducing into the human animal economy a foul secretion from a distempered part of a quadruped; but this humane disinclination should not have restrained a fair trial of its efficacy on the cow, for the purpose of ascertaining the validity of the opinion, that contends for the cow-pock disease deriving its origin from the horse, and that it is imparted to the cow by the hands of the milkers, contaminated with the infectious matter alluded to. If this be a fact, occurring in the occasional manner here stated, the same effect certainly ought to be produced by directly inoculating the cow's teat with the matter afforded by the horse's heel suffering under the disease called *grease*. Has this ever been put to the test of experiment, and with what result? It has appeared to me, that an inquiry, so easily practicable, should not be a subject of conjecture, but of positive examination. With a view to obtaining this demonstrative proof, matter was lately procured for me from a horse severely afflicted with the disease called *grease*. It was taken at the limpid and more purulent stages of the distemper. Distinct dossils of lint, dripping with each sort of this fluid, were inserted by me into different teats of the same heifer, by means of an horizontal incision made with a seton needle. The apertures were afterwards bound round with tape, for the purpose of retaining during a few days on the sore surfaces, the full efficacy of the application. On the third day the bandages were removed, when the incisions exhibited a slight redness, without tension; on the seventh day, a dry cicatrix evinced the complete inefficacy of the matter which had been inserted. On the the same day, the operation was renewed in a similar manner on two other teats of the same heifer, and precisely with the like consequences. No effect approaching to suppurative inflammation ensued, and certainly not a higher degree of excitement was produced than would necessarily

necessarily have followed an equal incision made with a clean instrument.

This is an extraordinary fact; but it either proves the inoffensive properties of the matter in question, or the difficulty of exciting local inflammation in an animal like the cow, fortified by the balmy health of uncorrupted nature. On inquiring particularly of the farrier, who procured the matter for the experiments here detailed, and who professed to have had much experience in the disease which furnished it, whether it had ever inconvenienced him by irritating any open sore which he might have had, and with which it might have come in contact in the course of his dressing the distempered parts? or whether he had ever known it to induce eruptions, either on himself, or others? he answered, that he was unconscious of any such effect from it, and that he had always considered it perfectly harmless.

A man servant officiating as carter to a farmer, and who assisted me in the above experiments, also declared that he had long been in the habit of managing *greasy* heeled horses, and afterwards of milking cows, but that neither any eruption on himself, nor on the teats of the cows he had milked, had to his knowledge ever ensued.

It may be objected, that my experiments on this subject have not been sufficiently numerous to be decisive. Perhaps they have not; but surely they go far enough to shake the absolute assertion of Mr. Ring, respecting the identity of equine and vaccine pock matter. In my own judgment, indeed, they are conclusive; and unless Mr. Ring, or some other advocate for the opinion that the cow-pock disease originates from the *grease* of horses heels, can impart the distemper to the cow by inoculating the animal with the said matter; it is but just to consider their assertion on the subject as gratuitous, and of course inadmissible.

Were Mr. Ring's notion, that the source of the vaccine disease is in the distempered heels of the horse, well founded, it would be injudicious to extend it to the human subject through the intermedium of the cow. By this procedure, its native qualities may be impaired, and perhaps its uniform efficacy in preventing the small-pox may be lessened.

If the diseased heels of the horse be the genuine fountain of the vaccine pock, an ample supply of infallible matter may be there obtained. Crowded stables will generally be its reservoirs. This anti-variolous agent, indeed, will abound in the proportion in which horses are exces-

 cessively

cessively fed, insufficiently exercised, and negligently groomed.

The inquiry, however, is purely experimental; the discovery of truth is worthy of the best efforts of philosophy; nor should either prejudice or intemperate zeal interfere with a dispassionate endeavour to solve the question at issue. If Mr. Ring can warrant his confident persuasion of vaccine pock being the offspring of an equine secretion, by the experiment of inoculating either the cow or the human subject with that fluid, and thereby producing the vaccine disease, he shall have my grateful assent to the important fact; but until then, both my reasoning and experience on the subject, will oblige me to consider the two diseases as radically distinct, as the animals are in which they occur.

The remarks of your Correspondent, Mr. Namlat, in pages 219—20, of your Journal for the preceding month, respecting my opinion of the identity of the vaccine and variolous diseases, breathe too much the spirit of petulant invective and offensive reproach, to merit any reply. If that gentleman would promote the interest of truth, he should attempt it by liberal investigation, not by disingenuous and inapposite reflections.

I am, &c.

Taunton, April 9, 1806, ROBERT KINGLAKE.

To the Editors of the Medical and Physical Journal.

Gentlemen,

If the following, what I would call occasional report of diseases, comes into your plan, and so far meets with your approbation as to appear in your Journal, I shall be encouraged to go on; I shall not be discouraged, I hope, if it is not thought worthy; or shall I, in consequence, be inclined to quarrel with your publication, a reader of which I hope I always shall be, so long as I receive pleasure and improvement therefrom.

Two cases of imflamed bowels; one case of puerperal fever; two of inflammatory rheumatism; two of apoplexy; and several inflamed tonsils, not in every one amounting to suppuration, have been the most prominent cases that have passed in my practice lately. The cases of inflamed bowels

bowels were in subjects quite opposite to each other in constitution; the one being a delicate young woman, the other a labouring man, above forty, stout and robust. In neither case was there any distinct rigor before the attack of pain; the former had had a cold upon her some time, from which she thought herself nearly recovered; after walking out on a cold day, she was seized in the evening with violent pain in her bowels, attended with severe vomiting and purging; it was on account of these evacuations that I was first called to see her the next morning. By the purging I was deceived, for I immediately concluded that it was a common bowel complaint, and ordered the chalk mixture with cinnamon; pretty early in the afternoon I saw her again; the purging I found had ceased, but the vomiting and pain were still going on; these continuing, roused my attention, and I now had to regret the loss of some hours, in pursuing a useless, if not pernicious remedy. The pulse was very quick and hard, thirst extreme, urine very high coloured, belly very much swelled, and tender, and sounding when gently struck upon; breathing laborious, great restlessness, occasional hiccup, and sunk countenance; these, with the pain and vomiting before mentioned, make a formidable and truly unequivocal set of symptoms. Repeated bleeding and purgatives; but perceiving that these were immediately rejected, opium and purgatives alternately, glysters, a blister to the abdomen, and, in the end, warm bathing, succeeded in subduing the disease. In the man cold also seemed to be the exciting cause of the complaint; his sufferings were miserable to behold; his belly was swelled and sore, but in point of feeling very unlike the former case; no elasticity, no hollow sounding, which was attributed to the strong and unyielding action of the abdominal muscles; this unaccommodating state of muscular fibre, was thought also to contribute to his pain, which appeared indeed almost intolerable; pulse quick, but soft; vomiting almost incessant, thirst great, urine not remarkably changed; these were his symptoms. Large bleedings; after the second bleeding the warm bath as long as he could bear it, which was a little more than an hour, and a grain of opium swallowed when going into the bath, abated his pain and sickness much; the disease, however, did not immediately yield, but another bleeding, with opiates and purgatives alternately, glisters, a large blister, and a second bathing, brought about a happy change, and rescued him from a situation that appeared almost desperate. Opium in both

cases had the best effect, it gave immediate comfort to the patients, and prepared the stomach for the reception and better retention of purgative medicines.

If the puerperal fever is characterized by a rigour some days after delivery, succeeded with a violent pain in the abdomen, a hard pulse at 120 or upwards, thirst, head-ach, suppressed or diminished lochia; secretion of milk checked, or never appearing, generally swelled belly, or circumscribed very tender tumour; then have I seen many instances of that disease, of which I do not recollect an unfavourable termination since I have followed the plan recommended by Dr. Gordon. My practice before that time, I have pain in the remembrance, was not so fortunate; which I now attribute in part to my own then inexperience, and partly to the opposite views given of the disease by different authors; which, by making the steps of a young man fearful and indecisive, in a disease of such hasty termination, produce much evil.

A Practitioner in *Derbyshire.*

May 5, 1806.

To the Editors of the Medical and Physical Journal.

Gentlemen,

Salisbury Square, 6 *v*, 1806.

I Feel myself thrown on the defensive by the criticisms of Mr. Ring, in your last number. He, there, speaks of an opinion 'highly dangerous' of 'dangerous doctrines,' &c. &c. There is a danger, of an extremely serious nature, attending the practice of vaccination, which I am afraid that he, himself, together with 'other labourers in the vineyard,' treats too lightly. It is the danger of exciting distresful alarm, and destroying that confiden c, which might be so easily afforded to the anxious parent, hanging upon the words of your mouth, as upon the sentence of an oracle, on the future lot of their darling offspring. Let not then the great champion of vaccination fortifying, or rather encumbering himself "with all the instractions of all the vaccine societies, as well as of individuals on this point," endeavour to excite or increase our doubts, by declaring that this, or that that, is no test of security; let him tell us what is a certain test; let him give us a more simple one than the characteristic induration a bout

about the tenth day, and I think he will render a considerable service to the cause; let him offer a more infallible one, and one that always presents itself, *Et is mihi erit magnus Apollo.*

A surgeon from Buckingham, happening to call, on my writing this, mentions a case to me where the inoculation was resisted till the twenty-ninth time, when a perfect Cow-pock was produced. If this had been a case of testing, the practitioner might have stopt at the twenty-seventh time, with some confidence, and afterwards have lost his patient by the small-pox. What assurance then can the resistance of a re-inoculation, *alone*, inspire? And when, in such case, are we to form our conclusion? As far, however, as the test of re-inoculation can be depended on, I must remain satisfied with the presence of the hardness at the part about the tenth day, as a true criterion; for I have never yet been able to produce the pock by re-inoculations after such appearance.

Perhaps the criterion I have offered might not have been so much censured, if I had called it a circumscribed characteristic hardness, ('a hardened phlegmonic base, and inflammatory areola encompassing the pock from the 9th to the 11th day,') and perhaps none would be more likely than Jenner himself, in his tremblingly alive precautions, (Vide vol. iii. page 502, lines 29 and 30,) to have pointed out other peculiarities; but these would not afford the desideratum which many medical men demand so earnestly. In presenting his discovery to the public, it was necessary to describe with minuteness and precision, the uninterrupted progress of the perfect pock; its cellular structure, firm and hard; its different successive shades of light pink, bluish, pearl, and dark mahogany colour; the areola an inch and a half or more in diameter, of a pink, scarlet, or crimson hue: it was necessary to point out the spurious pock; and all this has been done by the Medical Council of the Royal Jennerian Society. But the difference between the pock, evidently genuine, and the pustule altogether spurious, is so obvious that he who runs may read it: besides, while the people of every colour are interested in the Jennerian Inoculation, the above descriptions apply only to that smaller portion of them, the whites. What is most wanted now, is such description as shall enable us to seize on any invariable certain mark, when those which are liable from accident to be obliterated are absent. The induration at the inoculated part about the tenth day, is what appears to me to be a certain

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proof of the protecting effect being complete. This induration producing areola, while it is often so distinctly characterized from its circumscribed appearance, is, perhaps, not less so from its passing away quite differently from the induration and tumefaction, the consequences of injury, the irritation of the air, &c. &c. The successive changes do not take place at the outside, but coolness and softness soon succeed the inflammation, throughout the whole area, or field.

14, v. 1806. Since writing my Reply to Mr. Ring, I have perused the observations of Dr. Clarke, of Nottingham, in your last Journal, and find it requisite to make him the following explanation.—On receiving the letter he favoured me with, I informed him that an Editor of the Journal was present; that we were both exceedingly pressed for time at the moment, and that without waiting even to read it, I desired him to put it into his pocket, well supposing it to contain matter sufficiently important for the public eye. The learned Editors are wont to apply their pruning knife to the productions of their immediate friends; with others they are not quite so unceremonious; and their admission since of the detail of the Proceedings of the Institution at Nottingham, may I hope have its use in many quarters of the empire.

On the opinion which I have offered, Dr. Clarke says, "it demands most serious consideration, that it is entirely new to him, presenting a perfect diagnosis between the true and what has been called the spurious cow-pox, &c." In further explanation let me add, that it sometimes happens when the sleeve is too straight, that the child, from its activity, or the adult, during his exertions in business, breaks the pock at an early period. The friction, which first broke it, continuing, we never see the perfectly formed pock; but, the characteristic inflammation, at the right time, shews that the complete effect has been produced. It sometimes happens that the evidently genuine pock being produced, from which there can be no objection to inoculate, the characteristic induration taking place at the right time, not a doubt remains but the protection has been complete, though the pock, in its last stages, exhibit very exactly the light coloured scab of a previous eruption (Vol. xii. page 45.) instead of the characteristically dark one. Thus then, I contend for it, that, whether your marks or tokens be swept off in the beginning, or in the passing away of that affection, which, I think, always merits, when at its height, the name of a disease,

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it does at the time of its acme, and perhaps at no other period, give a certain and invariable proof of its presence, a certain and invariable sign of its efficacy.

Every one, much acquainted with the vaccine inoculation, must have noticed that there is often produced (from the wound of the lancet) in the centre of the pock, a considerable quantity of pus. Were I about to take matter from such pock, even as the beautiful one which is exhibited, through all its stages, in Ring's Treatise, I should think it right to remove the scab, and wipe out the little subjacent drop of pus, in order to guard against impurity; an earlier plate of Cuff, and one of Lee, in Pearson's Examination, &c. displaying also the small-pox, exhibit the cow-pock less depressed in its centre, and scarcely requiring such precaution. When the quantity of pus is very large, that of the vaccine matter in the vesicular or cellular ring which bounds it, is often in very small quantity; but, in the subject of whatever colour, or however affected, as I have frequently seen, with icthyosis, it will go its course, and duly exhibit the characteristic induration, though never the plump looking pock, nor subsequent *centrally* hard and full and firm scab. I have twice in Marmorice harbour, and once I think in London, seen all the appearance of incipient spurious pock, have the most satisfactory termination. Was it that a spurious kind of matter, a purulent matter as well as the vaccine, was on the point of my lancet, at the time of its application? or, was it that from the rude manner of my applying the instrument, early inflammation, discharge of serous fluid, and formation of pus were produced? Be this explicable how it may, some particle of the genuine virus had been laid hold of, went on silently and secretly to produce its effect, and though amid the local derangement just described, it could not exhibit the uninterrupted and beautifully regular pock, it did in right time produce the erythematous inflammation, with the circumscribed characteristic hardness, leaving no doubt of the protection being complete.

There is a statement in Dr. Clarke's letter, that I fear may convey an idea to your readers, which he cannot have intended, viz. that from the induration, with the other usual marks, I should have pronounced the protection complete. At the time of the induration, I never saw the child, and on the certainty which the cicatrix affords, my notion is but too strongly expressed in page 55, vol. xiii, where, in line 14, for are left, I ought to have said are sometimes

sometimes left. It is worthy of notice, however, that from the case which I have no distinct recollection of, but on which Mr. Drew says (547, vol. xiv.) I had, like himself, been sanguine, &c. this latter gentleman inoculated three patients with great attention, without being able to produce small-pox.

If you can afford room for it, I take the present opportunity to offer a short reply to another of your respectable correspondents, who in vol. xiii, 542, says, they understood at Plymouth, that several cases of secondary variolæ had occurred in subjects who had been vaccinated at Head Quarters. If by Head Quarters, he mean the Metropolis of the Empire, certain late publications may shew that all kinds of mistakes are committed, all kinds of misrepresentations are fabricated, in it. If he means the Royal Jennerian Society, he ought to know, that only one of its stations is open every day; that if, at the others, any patient have not regularly attended till assured of the protection being complete, the Vaccinator is not to blame; that to the vaccinated, who by thousands have had their pocks on each arm broken down from day to day, and as far as possible completely exhausted at the Central House, (Vol. XIII. p. 456, l. 3, 4, *a fundo*) for the supply of happily unceasing applications from all quarters, the shield of Jenner has been found their sure defence against the poisoned arrows of contagion, which have of late been flying so thick through every lane and alley of London. The remarks of Mr. Dunning, on the *cicatrices, sequelæ,* (we do not in our language, like the Germans, Dutch, &c. give the different governed cases of Latin words) of inoculation, are, I think, extremely correct, and likely to be useful to many. They perfectly correspond with the observations of some accurate inoculators in town; and their publication, I think, may help pretty strongly and fairly to confirm the conclusion, in many cases, that the vaccination has been complete. On the other hand, what he says respecting 'the ulcerative or purulent process, succeeding early rupture of the pock, and leaving even deep and extensive cicatrices, may, I think, tend to induce a most wholesome caution in those who do not attend to the presence of the characteristic induration as the criterion. If ulceration take place to the prevention of the areola, we have no right to conclude that vaccination has been effected. The work was begun, and a local effect was produced by it, but the ulcerated process prevented its entering or acting upon the system, prevented its producing any protection whatsoever.

J. WALKER.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

ALTHOUGH the advantages of medical charities have usually been confined in large towns, there seems no reason why they should not be felt, in every place sufficiently populous to support the proper medical attendants; as the expence will necessarily be proportioned to the number of applications.

The following proposals, for the establishment of a Dispensary, have been submitted to the inhabitants of this town and neigbourhood,* and have experienced a very liberal patronage. Their publication may excite others to follow an example, by which, it is hoped, some of the evils of humanity may be alleviated, which induces me to request a place for them in your extensively circulated Journal.

I am, &c.

Halesworth, May 9, 1806. W. HAMILTON.

Halesworth.

Proposals for the Establishment of a Dispensary in this Town, for the Purposes of supplying the indigent Sick with Advice and Medicines gratis, and to extend the Benefits of Vaccine Inoculation.

THERE are few, it is presumed, who have made the condition of the poor an object of their attention, in whom it will excite surprise to state, that notwithstanding the relief afforded them by a wise and provident legislature, there are many instances in which it is entirely inadequate, or at best falls far short of the proposed end. Such examples chiefly occur under the pressure of disease, and in the following description of persons:

1. Such as are attacked by disorders requiring speedy aid, at a distance from the parishes upon which they have claims for relief. Such diseases, in very many instances, would readily yield to the early use of appropriate remedies; confirmed by delay, and aggravated by poverty, they often become incurable, and fatal.

2. Those who, enjoying the advantages of speedy assistance,

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* Halesworth contains about 2,000 inhabitants; the neighbourhood is very populous.

sistance, labour under severe and long-protracted disease, where an extent and variety of expensive remedies may be required; and where, the usual means of relief having failed, a second opinion may be deemed worth resorting to. And,

3. Persons not receiving parochial assistance, but who are nevertheless unable to bear, for any long period, the expences of sickness, superadded to inability to labour, without producing the greatest distress.

Of all the various means by which the charitable and humane have endeavoured to alleviate the distresses arising from these causes, the establishment of dispensaries, where advice and medicines are gratuitously administered, has best attained the proposed end; and the very general adoption of such institutions over every part of the united kingdom, affords the best and most decisive proof of their great utility. It may indeed be safely asserted, that any calculation of the benefit likely to arise from the expenditure of the small sum necessary to defray the annual charge of a well-regulated Dispensary, would fall infinitely below the advantages afforded to the objects of such Institutions.

With these views, the propriety of forming a charity of this nature is respectfully submitted to the inhabitants of this town and neighbourhood, under the following Regulations.

(Dr. Hamilton and Mr. Revans, jun. having offered their services as physician, and surgeon and apothecary to this Institution.)

1. That attendance shall be given by the said physician, and surgeon and apothecary, to such persons as shall apply for relief, upon two days of every week, to be hereafter determined.

2. That this Charity shall be open to all descriptions of persons duly recommended

3. That every yearly subscriber of half a guinea shall have the privilege of recommending any number of patients.

4. That the surgeons and apothecaries resident in the neighbourhood shall be allowed the privilege of recommending patients, although they do not subscribe.

5. That all persons applying for that purpose shall be inoculated for the vaccine disease; and that a certificate, signed by the physician and surgeon, shall be given to every person that has been duly vaccinated.

To obtain a subscription equal to the demands of an Institution

stitution of this kind, will not, it is supposed, be difficult. It is therefore suggested, that the subscriptions should be small; but in order that its benefits may be as widely extended as possible, it is earnestly hoped that the subscribers may be numerous.

When a sufficient number of benevolent persons shall have signified their intentions to subscribe to this institution, there will be a meeting held, in order to agree upon such further rules as may be deemed proper, and to carry the undertaking into immediate effect.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

UPON reading a paper signed Veritas in your Journal for March, I was inclined to make the following remarks, which, should you think worthy of a place in your valuable publication, I shall consider myself obliged by your inserting them the first opportunity.

It is not the intention of these remarks to call into question the talents and ingenuity of the author of that paper upon which these lines were written, but to explain some sentences in it, which appear to me likely to be misunderstood, with respect to the intentions, the Medical Reform is expected to answer.

Your Correspondent asks the question, "Is it just that every medical man is to be taxed because such is the folly of public opinion?" Now, if I recollect, taxation was no where recommended as a means whereby the profession would be established upon a more respectable basis; but that every person intending to practice as surgeon-apothecary should undergo an examination, prior to such practice; to include those in the country as well as the metropolis, and all such as were not approved to be subject to similar restrictions and penalties as gentlemen of the law. That the latter has attracted the attention of the legislature we have ample proof; how is it then that the former is passed by unnoticed? Is it that the property of his Majesty's subjects is of more importance than their health and lives? or that attornies are altogether men of science and respectability, whilst surgeons and apothecaries

caries are formed from men of learning, to the low gradation of blacksmiths, barbers, coblers, &c. &c. or rather the characters enumerated, without distinction, are suffered to exercise with impunity some part or other of a profession, which, above all others, in my estimation, ought to be confined to those whose training has been equal to the important office of having the health and comforts of their fellow creatures entrusted to their care.

I cannot suppose the "College would sanction any proceeding which would lead to an increase of burthens on the profession," but if such proceedings should meet with their support, and be carried into effect, the advantages would be numerous both to the profession and public at large; it would induce parents to be more careful in the education of such sons as are designed for the profession, and thereby furnish an alternative to the necessity of trusting the compounding of medicines to servile shopmen, &c. &c. It would also stimulate young men to industry in the acquirement of the rudiments of the profession, zealous of being qualified for their examination; the refusal of a diploma being universally received as the greatest mark of disapprobation and opprobium.

There is no branch of the profession to which greater mischief accrues, than the reduction of bones; and as your Correspondent, from his situation, may not have had opportunity of seeing the distressing circumstances which too frequently occur from the practice of bone-setters, I shall take the liberty of submitting a case or two to his perusal, one of which I was consulted in, the other happened within the circle of my medical acquaintance.

The rude manner in which the cases are drawn up, have great need of apology: but an implicit confidence if every surgeon who has witnessed similar baneful effects, would lay them before the public, through the medium of your widely circulated Journal, the reform would, ere long, meet with universal approbation, and be established upon such conditions as would secure a recommendation adequate to our experience, attached to far more information, liberality, and esteem; with these views I am persuaded to publish the following cases.

W. S. about forty years of age, of good habit of body, had the misfortune to fracture his thigh; a surgeon was sent for, who reduced the bone, and the case went on very well for near a fortnight, when some of his friends calling to see him, persuaded him that surgeons knew nothing of bone-setting, recommended him to send for a "bone-

"bone-setter." It was done; the fellow came, who confirmed their opinion, by using so much violence as brought on a very severe fever, that the man's life was despaired of. Another person was then called in, of the fellows naming; and lastly, a physician. To the last gentleman's skill, we very fairly may attribute the preservation of the man's life; but the management of fractures not coming within the province of a physician, after the fever became subdued, the Doctor relinquished his attendance. The man was then removed to the famous Whitworth Doctors, where he remained for near a twelvemonth, before he was able to go by the help of crutches.

G. G. about forty-two years old, dislocated the astragalus; almost the whole of the bone protruded without the integuments. A bonesetter was sent for, who after applying boiling salve to the wound, bound the limb tight up, assuring him of a certain and speedy cure: in rather less than a week the pain and fever (as might be expected from such rash treatment) became so alarming, that a surgeon of the first eminence was requested to visit him; the limb had then a most shocking appearance, and from the acquired habits, &c. of the patient, it was no easy matter to determine upon what plan to adopt; however, it was thought better to remove the dislocated bone, as striking at the root of irritation, and give the only, but trifling chance of preserving the limb, than amputate, the fever and state of the parts affording but small encouragement of success from the last mentioned operation. The man recovered, after a very long confinement; and it will only be justice to attribute it to the correct and judicious management of his surgeon.

Mr. R. having to come over a moor in a dark night, on his way home, fell into a stone quarry, and pitched on the shoulder; the deltoid muscle was so much bruised that he was unable to raise his arm; the next morning he consulted me, when, upon recommending an antiphlogistic diet, with a sedative application to the part, the swelling of the muscular substance began to subside in two or three days; but still being unable to raise his arm without pain, and his avocations requiring his occasional attendance in most of the market towns in this county, he consulted a surgeon of indubitable abilities; interrogating him, as he had done me before, if he did not suppose his shoulder out? The gentleman assuring him it was not, ordered an embrocation, which he used a few days, but not finding the motion of his arm so perfect as it was befoer

the accident, nor entirely free from pain, he went to the Whitworth Doctors, who confirmed the idea he had so anxiously cherished, by twisting and pulling him in every direction, applying a plaster and binding it up. The gentleman's whim thus became satisfied, until getting wet on a rainy day, the rheumatism was produced, which was the cause of my patient's return to me, fully convinced of his folly, in subjecting himself to such violent corporeal punishment for the reduction of a dislocated bone, which was perfectly imaginary.

I am, &c.

May 1, 1806. W. E.

To the Editors of the Medical and Physical Journal.

Gentlemen,

As the spirit of reform in our profession is abroad, and legislative interference is requested, to prevent the uneducated from administering to the sick at the peril of their lives; it becomes us to be very circumspect in the choice we make of persons whose opinion is to decide on the quantum and kind of knowledge, necessary to qualify for the different departments of our profession. I see, it is proposed to invest the universities with additional privileges, to inquire into the practitioners of their districts. To this I object, at least as far as it concerns the University of Cambridge; for though their statutes contain most excellent regulations for the education of medical students, its practice is at variance with its most positive institutions. The statute* that relates to medical degrees, contains five clear and determinate regulations; and though they have lately enforced a restriction,† which it does not contain, only

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* Medicinæ studiosus sex annos rem medicam discet ejus lectionis auditor assiduus; anatomias duas videat: bis respondeat: semel opponat antequam baccalaureus fiat.

† The Heads lately issued out the following; "Whereas doubts have arisen respecting the meaning of the statute." De Studiosis Medicinæ, "we, the under-written, are of opinion, and do determine, that the said statute is to be thus interpreted;" that is to say, "that according to the true

only one of these positive regulations is adhered to; and what is worse, that it is by the management of the University and its officers, that it is rendered impossible for a student to comply with the rest. That this is not a mere assertion, I will examine them in detail.

I. "Sex annos." This period, contrary to all the analogies of language, and to the opinion of the best interpreters of our statutes, is reduced to five years.

II. Lectionis ejus, &c." These lectures are to be given ‡ four days in the week by the Reg. Professor of Medicine, under a penalty of ten shillings a day. Considering the time at which the statute was made, the greatness of the fine proves sufficiently the importance attached to the performance of the duty. Yet these lectures the Professor refuses to give, and the penalty the Vice-Chancellor neglects to inflict.

III. "Duas anatomias videat.' These dissections were formerly made by the Reg. Professor, and the students in medicine defrayed the expence.‡ The subsequent institution of the Professorship of Anatomy has, with some colour of reason, being thought to relieve the Reg. Professor from this onus. But though the present Professor of Anatomy has repeatedly desired that a certificate of attendance on his lecturess should be required, as a proof of compliance with this part of the statute, the Reg. Professor has had sufficient influence to prevent it.

IV. Bis respondeat, &c." This, it is well known, is not now required, the two acts having been reduced to one by a dispensation obtained from the King.§ But this dispensation particularly insists upon the performance of the *opponency*.

V "Semel opponat." This is uniformly prevented by the Reg. Professor; and there is not a single instance of an opponency being kept, since Sir J. Pennington filled

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true intent and meaning of the said statute. no person can be admitted as a candidate for the degree of Bachelor in Physic, who has been habitually engaged, within the period of time prescribed by the said statute, in the practice of any trade or profession whatever." This was signed by nine of the Heads. This is called an interpretation, but it is certainly a decree. The former, the Heads can make; but to create the latter, requires the consent of the Senate, which it would never have sanctioned in this case, as it is understood to be levelled at a particular person.

|| Stat. Eliz. cap. iii. p. 227.

‡ Lib. Stat. p. 377.

¶ Lit. Reg. lib. Stat. p. 309.

the chair. It appears then, not only that the regulations of this statute are slighted by the University and its officers, but that the very person, who is the most active in preventing its provisions from being complied with, is the very man, who so boldly resists, what he pretends to be a violation of it. For it was to gratify Sir J. Pennington, that the new regulation, which disqualifies surgeons from proceeding in medicine, was made.

I am surprised at the supineness of the College of Physicians, at this non-observance of the statutes; for I have always understood, that some agreement was made between that body and the University, that no member of any foreign University should be made a Fellow of their College, if the latter enforced the regulations of their statutes. How far the conditions are observed, the above examination will shew.

I am, &c.

York, May 19, 1806. PRACTICUS.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE note attached to my communication of Feb. 11, would have prevented me troubling you any farther on the subject of Medical Reform, had I not observed some remarks on my paper by Dr. Cayley of Ripon, in the Medical Review of the last month. By this gentleman, I am called upon to come forward in my real character; and as I have chosen to remain in the shade, he undertakes to throw light upon me, and by the aid of his powers of illumination, discovers that I either do not belong to the profession, or practice irregularly. All this an anonymous writer must bear with, and I am well contented to submit, provided you allow my reasons for still continuing undiscovered. I am situated near the focus of medical reform, and am thereby enabled to form opinions on the motives of some of the principal performers in this plan; which persons at a distance might pass over unobserved. I know too much of human nature to suppose, that an individual can oppose himself successfully to the prejudices of a considerable number of persons, or to believe that the majority will suffer their opinions to be commented upon with impunity;

impunity; I therefore think my probability of being useful depends upon my remaining concealed. Happy shall I be if my warning voice calls the profession of medicine to a consideration of its true interest, before it has so far committed itself as to be saddled with a tax never to be removed. For, whether or not I profess regularly or irregularly the practice of medicine, I feel the highest esteem for the numerous members of the profession, who spend their labor, time, and constitution in the exercise of medical avocations. Thus much as to myself and my views, which I am really ashamed to have obtruded on public notice.

Now let me turn your observation to the subject of medical reform, the objects of the reformers, and the means by which they promise to attain their end.

Dr. Harrison has published a small-part of his correspondence in the Medical Review; and if we may judge by this specimen of the whole, we may reasonably fear the learned Doctor will have more difficulty in reconciling the jarring opinions of his various correspondents, than he had formerly in forming a plausible theory of the cause, and a rational method of cure of the rot in sheep, from the answers to his queries on that subject. It is strikingly evident that all his correspondents reason only from their own particular experience, and adopt the system of reform only as it may ameliorate their own situation. Thus the surgeon apothecary hopes, by bribing government in the payment for his licence, to shut out the druggist from the composition of medicine; while the physician, by the same expedient, means to chain the apothecary to his counter, never to presume beyond the mingling ingredients in a mortar. If such is to be the occupation of the surgeon apothecary, surely no complaint need be made of the deficiency of the present medical education; as no one will contend for a very profound knowledge of languages being necessary to the cook-maid, who compounds the necessary ingredients for our support; and with little instruction would prepare the receipts necessary to restore health. For in what does the dispensatory differ from the manual of Mrs. Glasse, except that in the one the receipts are simple and clothed in a learned language, while in the other they are complex, but conveyed in the vulgar idiom. But the great mass of the people, on whom disease most frequently falls, and where its progress is most to be dreaded, are unable to defray the expence incident to the attendance of a physician, and physicians are equally

 unable

unable to give up their time without an adequate compensation; there must therefore be some intermediate person, and such custom has prescribed in the surgeon apothecary; who is contented to give his time and medicine for a trifling addition to the real cost of the medical article administered; an advantage perfectly consistent with all our principles of right, as is proved by the ingenious Dr. Adam Smith in his Wealth of Nations.

As, therefore, the profession of Medicine possesses no advantage beyond other occupations, why are the professors of it to be taxed with an imposition not levied upon their fellow subjects? I shall be answered, the profession of the Law already submits to a fine on the admission of its practitioners, and the respectability of the body has much amended by it; this is allowed, but the courts are shut against all unqualified persons, and therefore the lawyer is amply repaid his fine, the competitors in the field being fewer, and his practice proportionably increased. Could this obtain in medicine? Certainly not; for what penal statutes can prevent any individual from submitting his health to the direction of a weaver, a blacksmith, or a farrier? or what means can be devised to root out from the human mind, the love of mystery, or prevent such characters from boasting and profiting by their nostrums?

But it is said, the proposed reform is to establish a just distinction between regular and irregular practitioners; that all such as submit to its constitutions are to be considered as regular practitioners, will have the privilege of paying an annual sum to government, and appear in the public papers once or more times in a year, as being licensed to use those instruments of death, called pills and potions, in the same method, as persons taking a game licence now appear; while those who refuse to submit to these conditions, will keep their money, and be considered as mere poachers in the field of death; but, like their brethren in the pursuit of game, will frequently profit more by their pursuits than the qualified sportsman. If additional expense, or additional honours had any influence with the public, the physician practicing under a degree from an English University, should be preferred to him who bears a Scotch diploma; the Member of the College of Surgeons should be called in preference to the surgeon-apothecary practising without any approved testimonial of his competency. But facts, I am sorry to observe, are strongly against any such preference; in many instances the graduate of Edinbro', or even St. Andrew's, rolls in his carri-

age,

-ge, while his humble competitor from an English University is contented to walk the streets in quest of his daily fees. And much I fear that many members of the Royal College of Surgeons regret their folly in parting with solid pelf for the honorary but useless pageant of a diploma.

This being the fact, as to the public bodies at present authorised to judge of medical knowledge; can we hope for any better effect from the crude system of medical reform, now presented for our approval?

The College of Surgeons is authorised to confer diplomas, and receives a handsome compensation from the candidate for the honour conferred; in the same manner that the licentiate of the College of Physicians is charged with a considerable sum for his licence. Both these persons might reasonably consider themselves, as under the protection of the law, in the exclusive exercise of their profession; but we do not find, even in cases of medical jurisprudence, that any stress is laid upon the medical person, called in evidence, having a degree from either of these authorities; nor has it ever been known, that a judge has reprimanded a person assuming a medical character without such authority; or that, as an expounder of the law, he has ever pressed it upon the public, that these two colleges were the only authorised approvers of medical science. Even cases are not wanting, where public offices of medical trust have been conferred on persons bearing no diploma from either college.

Dr. Cayley has taken particular offence at the expression, the fallacy and iniquity of medical reform; but I will ask the Doctor if that system is not fallacious, which undertakes to remedy, what cannot be restrained by human laws, namely, opinion? And whether it is not an act of iniquity to charge persons with an annual expence under the promise of a benefit, impossible to be secured to them? Is the situation of medical men so prosperous, as to enable them to bear additional burthens? Do they not in common with their fellow subjects bear the still increasing burthen on income? and the example of some of the leading reformers shews how grievous this burthen is to bear. Are they not taxed for their servants and horses, the implements of their profession? Do not the lower practitioners pay largely for the assistance necessary in their shops, whether as assistants or apprentices, on whom also government receives a tax? Add to these public burthens the difficulty of recovering medical fees, and the ill will with which medical assistance is repaid; and it will be

no falsity to assert, that the faculty of medicine already bears more than an equal share of taxation. With these considerations in view, let me beg your numerous readers to pause before they rashly assent to a scheme which will assuredly end in taxation; while all the benefits to be derived to the profession in general will be frittered away in trifling distinctions. Such distinctions may be gratifying to the first movers of medical reform, by elevating them above their usual sphere of action, but will afford little satisfaction to the industrious and conscientious practitioner, who will find his annual contribution in no way to contribute to his reputation or emolument.

May 14, 1806. VERITAS.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

I Find that the Paper of Doctor Dancer's, on the contagious nature of malignant Yellow Fever, has given great umbrage to Mr. Alder:—who this gentleman is, I declare I do not know, nor have I ever seen his celebrated Outlines; but from the out-line he has given of himself, in this unprovoked attack upon me, I am apt to imagine his mind is discomposed by a contagion of some kind or other. I leave it to you, Mr. Editors, or to any impartial person, to say, whether there be any abuse or personality in the paper referred to; if there had, for the credit of your Journal, you would not have inserted it; and the remarks Mr. Alder has chosen to construe in that sense, are not mine, but Doctor Dancer's, who, I verily believe, is as innocent as myself, of any acquaintance with the writings of Mr. Alder.

The opinion of Mr. Alder, that contagion can be conveyed by the sea-breeze, to the distance of fifty miles; nay, that it can be borne on the wings of the wind, across the ocean, from St. Domingo to Up Park Camp in Jamaica, is so singular, that I shall forbear any comment on it, wishing to decline a combat, where victory would be no triumph. I am, &c.

DAVID BROWN.

Surgeon Royal Artillery, on the Jamaica Station.

Port Royal, Jamaica,
March 29, 1806.

CRITICAL

CRITICAL ANALYSIS
OF THE
RECENT PUBLICATIONS
ON THE
DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

Notes on the West Indies, &c. including Observations on the Island of Barbadoes, &c. &c. with occasional Hints regarding the Seasoning, or Yellow Fever of Hot Climates. By G. PINCKARD, M.D. Deputy Inspector-General of Hospitals to His Majesty's Forces, 3 vols. 8vo. pp. about 360 each. London: 1806.

THIS interesting and entertaining work would not have fallen within the notice of our department, had it not been for the latter part of the title page. We observe, however, that independent of yellow fever, many valuable observations, intimately connected with the science and practice of medicine, are occasionally introduced, particularly in the two last volumes.

Of some of these we shall give an account in our future numbers; at present, we select the following description of the *Elephantiasis* of *Barbadoes*, or the *Bardadoes disease*.

" It commonly appears in the form of an enormous and frightful enlargement of one or both legs; but occasionally affects other parts, particularly the scrotum, which becomes increased to a surprizing bulk. When once established, it is extremely difficult to remove, and for the most part proves to be incurable. It affects the general health, less than might be expected, and frequently exists for many years without seeming materially to impair the constitution; often, indeed, the person attacked with it bears it about throughout the remainder of a long life. It is mostly seen among the negroes, but it is too common also among the creole whites, and even suffers not the Europeans to escape. Although so frequent in Barbadoes, as to be held in a great degree peculiar or endemial, it is not wholly confined to this country: some instances of it being seen in the neigbouring islands.

" It would seem not to have been so prevalent as it now is from any very distant period of time; for about the year 1760 died at Barbadoes a man named Francis Briggs, more commonly known by the fictitious appellation of Christopher Columbus, who, from the uncommon and monstrous appearance of his legs, had been represented as the bug-bear or object of terror for the purpose of frightening children.

" Male and female, young, middle-aged, and old, black and white, are now all subject to its attack; and, in walking the streets, the eye is distressed, at almost every corner, with the appearance of this hideous deformity.

" The

"The diſeaſe uſually begins with an affection of the inguinal glands, from whence a red ſtreak, or line of inflammation extends down the limb, in the direction of the lymphatic veſſels; the part affected becoming tumefied, and taking on a ſhining and œdematous appearance. The ſwelling gradually occupies the whole of the leg, increaſing until, in many inſtances, the limb is more than double its ordinary ſize. The ſkin aſſumes a morbid appearance, grows rough and ſcaly, or is covered with irregular wart-like riſings. In ſome caſes deep belts or indentations appear in various parts of the tumor, as if formed by the preſſure of ligatures: in others the ſwelling bulges out in a number of irregular protruſions: ſometimes, from extreme diſtention, the ſkin ruptures or breaks into cracks and fiſſures, and a watery fluid oozes out, which on expoſure to the air grows gelatinous upon the ſurface. The foot frequently partakes of the diſeaſe: but in many caſes the immenſe tumor of the leg terminates abruptly at the ancle, hanging over the foot in knotty and ſcaly excreſcences. The deformity thus becomes diverſified—the enormous bulk of leg appearing under a variety of unſeemly and diſguſting forms. As the enlargement increaſes, the whole extremity becomes hard and ſcaly; and the diſtended ſkin, which, at firſt, indented, grows thick and corneous, and wholly reſiſts the preſſure of the finger.

"It has been found on diſſection that, from the effuſed lymph which originally cauſed the tumor having become coagulated and hardened, the ſubſtance of the enlarged limb has aſſumed an appearance not unlike brawn—the morbid ſkin, and the cellular membrane under it, having grown into a tough, horny, and almoſt cartilaginous conſiſtence.

"From this unſightly malady being moſtly accompanied with fever of an intermittent type, we often hear it termed "the fever and ague." Indeed, from the periodical returns of the paroxyſms, and from the tumefaction ſucceeding to them, the diſeaſe has been very generally conſidered only as an effect reſulting from intermittent fever. The practice, ſaid to be ſucceſsful in removing it, ſeems alſo to be founded upon this view of it. Regard being had to the fever as the original affection, the elephantiaſis is conſidered only as a ſequel, and the curative means are directed ſolely to the removal of the febrile ſymptoms: which being effected by antimony and the bark, the patient is ſent for a time to ſome other iſland, by way of change of climate, in order to prevent a relapſe. No particular attention is paid to the tumor, which, on the fever being removed, is expected gradually to ſubſide. But ſometimes, inſtead of receding, it remains ſtationary, or is increaſed; or if it did ſubſide, is renewed on any future recurrence of the fever.

"Often a return to Barbadoes brings a return of the intermittent, and a conſequent addition to the enlargement of the already thickened extremity; and from the attacks of the diſeaſe recurring in frequent repetition, there remains no way of preventing it from being eſtabliſhed into an unſeemly deformity, but by ſeeking the

remedy of a more temperate climate. Frequently the diſorder ſeems to be entirely ſubdued by a few years reſidence in England, yet again recurs on the patient returning to Barbadoes.

" Except on its early attack, or at the periods of acute relapſe, the diſeaſe is attended with little pain, and the enlargement ſometimes proceeds ſo gradually, as for the perſon himſelf to be in a degree inſenſible of it. He walks about as uſual, and appears to ſuffer but little inconvenience, either from the additional bulk, or the great increaſe of weight. Hence it is often leſs afflicting to the individual, than offenſive to others. It is extremely repugnant to the ſight; and as the negroes go about the ſtreets with theſe diſeaſed limbs expoſed to every eye, Europeans, but recently arrived, are extremely annoyed by their filthy and monſtrous appearance.

" Perhaps nature has not formed, nor can the human mind conceive an object at once ſo diſguſting, and ſo pitiable, as an old half-famiſhed negro woman—of withered frame—tottering and trembling about with her looſe and naked ſkin hanging ſhrivelled in deep furrowed wrinkles; and dragging after her one or both legs grown into an immenſe bulk of hideous diſeaſe—her feet only toes, protruding from this huge maſs of diſtempered leg. Yet ſuch are the objects too often ſeen hobbling about the ſtreets of Bridge-town!" [To be continued.]

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[Continued from page 377—386.]

" Article 16.—*Case of a Wound in the Peroneal Artery, in which the Limb was saved by removing a Portion of the Fibula.* By Thomas Croxall Cam, Surgeon, Bath, late Senior Surgeon to the Infirmary at Hereford."

" Article 17.—*Observations on the Medical Use of the white Oxyd of Bismuth.* By Alex. Marcet, M. D. &c. Sec. M. S. one of the Physicians to Guy's Hospital."

This remedy was suggested to the writer of the Paper during his stay at Geneva by Dr. Odier, Professor of Physic in that place. The following is the manner in which it is prepared:

" The magistery of bismuth is prepared by dissolving a quantity of very pure bismuth in nitric acid, and precipitating it by water, or by a solution of potash. But if the bismuth is not very pure, if for instance it is mixed with nickel, the precipitate is not perfectly white; it is then mixed with a greenish precipitate, which is nothing but an oxyd of nickel which water will not precipitate; for which reason we are more certain of obtaining a pure precipitate of bismuth by water than by potash.

" I use this remedy with success in doses of six grains, four times a day, in all cases of spasms of the stomach, brought on by any kind of aliment, and proceeding only from the irritability of that organ. This complaint is extremely frequent at Geneva, particularly

particularly amongst servant maids who are in the habit of carrying water on their heads, and make great use of their arms.

"I have published my observations on this subject in two papers, one of which has been printed in the "Journal de Medicine," and in the "Journal Encyclopedique" of Paris for the year 1796; and the other, sent by Dr. Belcombe to the Royal Society of Gottingen, has been printed in a German journal from whence Dr. Murray has drawn, in his "Apparatus Medicaminum," a very detailed extract."

"Dr. Odier, in addition to this account, assured me repeatedly that he had tried the oxyd of bismuth in much larger doses, and that he had never observed it to produce any bad effects whatever; whilst, on the contrary, he had hardly ever known it to fail in effecting a cure, when used in the circumstances that have just been mentioned."

The first instance in which Dr. Marcet tried this remedy, was one of those formidable cases of dyspepsia, in which, nothing is taken into the stomach without producing a disposition to vomit, followed by the rejection of the greater part of the food. The common stomachic remedies were first tried without effect.

"On the 21st the symptoms being exactly the same, the castor oil was repeated, and a mixture of magnesia, rhubarb and peppermint-water, was substituted for the bitter infusion. I did not hasten to try any of the metallic medicines, because I conceived her complaint to depend, either upon some organic disease within her stomach, or upon some spasmodic affection of that organ; and I did not imagine, that, on the former supposition, any of the metallic medicines could be of material service; whilst, on the latter, I wished first to give a fair trial to the bismuth, a supply of which I expected to be able to procure in a few days.

"On the 30th, the symptoms continued as before, but she said the mixture gave her a momentary ease, and could sit on her stomach longer than any thing else. The same medicine was ordered to be repeated, and some of the *pilulæ aloes cum myrrha* were directed to be taken occasionally.

"On the 2d of August, there was little or no change in the symptoms. Some drops, consisting of æther, tincture of bark and vitriolic acid, were added to the former medicines.

"On the 17th, she complained of not deriving any sensible benefit from her medicines; she then looked thinner than when I had seen her first, but not so much as might have been expected from the nature of her complaint; yet her general character and appearance, and still more so, her perseverance, and the regularity with which she came for advice, at stated periods, from a great distance, did not permit me to suspect any deceit or misrepresentation in the account which she gave of her complaint. On that day, I ordered five grains of the oxyd of bismuth, with fifteen grains of the pulv. tragacanth. compos. to be taken three times a-day.

"On

"On the 24th she came to me with an uncommonly animated countenance, saying she was almost quite well; but she begged I would let her have some more of those powders that had produced such remarkably good effects; to which request I most readily consented.

"On the 31st she said she was quite free from complaint, but still requested I would allow her to take the powders a few days longer, as she was afraid of a relapse if she should leave them off all at once. She accordingly continued to take two of these powders a-day, for about a week longer; when finding herself perfectly free from complaint, she discontinued all kinds of medicines.

"Since that time I did not hear any more of this woman, until about the middle of November last, when she called upon me, not to complain of a relapse, as I first apprehended, but to thank me again for the blessing of health to which she had been so happily restored. She said, however, that although she was in general quite free from her complaint, yet if any thing *fretted her*, and particularly if her children gave her any uneasiness, she felt, occasionally, some slight sensation of it."

This medicine promises to be an important addition to our list of stomachics; and when we consider how very numerous the causes, and how dreary the consequences of dyspepsia are, we shall not doubt the necessity of recording every remedy, which may relieve so important an organ as the stomach. Several other cases are added; and the paper concludes with some observations on the necessity of accurately preparing the oxyd.

"Article 18.—*Of the Use of Bath Waters in Ischias, or Diseases of the Hip-Joint, commonly called a Hip-Case.* By W. Falconer, M. D. F. R. S. &c.

This is a very valuable paper on a disease, the frequency and usually slow progress of which, render it surprising that so little has been said on the subject. Dr. Falconer traces it through all its varieties, and all its stages, with much accuracy and diligence. The result of his researches is, that in the early stages, a cure may be expected from a judicious use of the Bath Waters. In its more advanced stage, great relief, if not a permanent cure; but that whenever the disease has advanced to suppuration, especially if hectic symptoms have come on, that the remedy much exasperates the disease. The only objection we meet with to any part of the paper, is, the apprehension the author expresses, lest the matter should be absorbed after being deposited. That the Bath waters may be likely to increase the hectic, we have every reason to suppose, from what we see in common phthisis; but we thought, by this time, that the idea of hectic being caused by the absorption of matter, had been long since exploded.

The description of the disease is followed by an account of the manner of treatment which the author has found most effectual in addition to the Bath Waters, with a Table of the success attending these combined remedies; and the whole is followed by a very

a very learned analysis of what has been done by his predecessors, beginning with Hippocrates and finishing with Mr. Foord. In the first part of this history, Dr. Falconer stands on much firmer ground than we gave him credit for in his opinions concerning the nature of morbus cardiacus. In both, indeed, he evinces great learning; but in the dissertation now before us, he shows a judgment equal to his learning.

As this disease is a source of permanent misery to many, and as its slow progress enables most of the sufferers to arrest it in time, we shall, in order to increase the publicity of the relief experienced by the Bath Waters, extract the Table given by the author, and his explanatory remarks.

"*TABLE of the State of the Patients at their Discharge, who were admitted into the Bath Hospital for Hip-cases, from May 1st,* 1785 *to April* 7, 1801, *classed according to their Ages.*

Ages	Cured	Much better	Better	No better	Improper	Irregular	Dead	Total
Under 10 years		5	8	1	9			23
From 10 to 20	30	24	32	9	34		2	131
From 20 to 30	20	48	28	13	34	2	1	146
From 30 to 40	22	29	18	2	24	3		98
From 40 to 50	21	30	15	7	16	3		92
From 50 to 60	8	25	6	1	5	2	2. one of the small-pox.	4
From 60 upwards	2	7	4			3	1. of the small-pox.	17
Total	103	168	111	33	122	13	6	556

"It is proper to apprize the reader that by *cured*, in the second column of the foregoing table, is meant such persons who have completely recovered from their complaint, and who have *no* symptoms of the disease remaining, for which they were admitted. By *much better* is understood such as have nearly recovered, but have

have still some stiffness, debility, or other mark of the disease remaining. This term, however, is never applied, unless to such as are nearly recovered, and never to crippled or helpless persons, however such may be circumstanced with regard to health.

"By *better* we understand persons who have received obvious and material advantage, but who have nevertheless strong marks of the effects of the disease. This term, however, is never applied to such as, although they may have received some temporary alleviation of their sufferings, still labour under hectical or other symptoms, that indicate their health to be declining.

"It is much to the credit of the Bath hospital, that a great degree of candour has been uninterruptedly preserved ever since its foundation, above 60 years ago, in representing the state of the patients when dismissed. These, when minuted to be discharged by the attending physician, are again produced before some of the other professional persons, and examined as to the state they were in when admitted, which is compared with their state when examined, and both these are compared with the report of their state by the attending physician. They are again produced before the committee, and separately and regularly examined as to the same points, and I have repeatedly witnessed the committee requesting the attendant physician, to alter the report, when it appeared to them that the amendment was more considerable than it was put down in the report, but I never knew the smallest hint offered, that the state of the patient was more favourably represented by the physician, than it seemed to merit, on the examination before the committee. In short, it has been the invariable rule to err, if at all, rather on the side of caution, than on the contrary extreme, and to represent such patients only to have received benefit in any degree, whose cases exhibited obvious and undeniable marks of amendment, not such as are merely probable, or any-wise equivocal.

"It appears from the foregoing report of the state of the patients, that out of 556 persons admitted into the Bath hospital for hip-cases from May 1, 1785, to April 7, 1801—103, or about 1. in 5.398 received a complete cure, that 168 or 1. in 3.03095 received great benefit, and were nearly recovered; that 111, or nearly one-fifth of the whole received some benefit, and that the aggregate of these three numbers, amounting in the whole to 382, or as 1. in 1.4555, or more than two-thirds, received advantage from a trial of the remedy. Of the above numbers, four only died in the hospital of the disease, a very inconsiderable proportion, 33 or nearly a 17th part of the whole were no better, 122 were deemed improper cases for a trial of the waters, and 13 were discharged for irregularity.

"By those set down under the title *improper* are meant, in general, such whose cases were, on their first examination, or soon after it, thought to be improper subjects for a trial of the waters, as being in too advanced a stage of the disease, or from other

other circumstances of their health that forbad the use of the remedy; much the greatest part of whom ought not to have been sent hither at all. In 97 of these out of 122, matter was discovered to be formed, or forming, very soon after their arrival, which of course rendered a trial of the waters inadmissible. These, therefore, should be struck out of the account, as proving nothing respecting the efficacy or inefficacy of the waters. The same, it is obvious, may be said of the 13, who were discharged for irregularity, and indeed of those who died, as four of these were, when sent, not in a condition to be removed with safety and propriety, and two died of the small-pox.—This takes off 141 from the list, and reduces the whole number, that should be considered on this occasion, to 415. The proportions then will stand thus.

"Cured 1—in 4.1553 nearly.

"Much better 1—in 2.54, or nearly two-fifths.

"Better 1—in 3.74.

"Proportion of those who received benefit to the whole number as—9.2048.—to 10. or above nine-tenths of the whole.

"It it unnecessary to observe how much the foregoing calculations, which are taken from the register of the hospital, a most accurate and authentic medical record, are in favour of the efficacy of the Bath waters in hip-cases, and it should *be noticed* that they plead strongly for a trial of them in the early stages of the disease. It is more than probable that a large proportion of the unsuccessful cases, amounting in the whole to 159, including those who were *no better—improper*—and those who *died* of the disease, would have received relief, had a timely application been made to this remedy.

"Very few of those specified as improper were suffered to make any trial of the waters, and in 97 of them, as I have before observed, matter was discovered at their arrival, or soon after, and the hectical symptoms precluded all hopes from the use of the bath, and indeed left little from the trial of any other means.

"It appears that the Bath waters applied in an early stage of the disease have been nearly equally successful at very different ages. Their good effects have been manifested as early as five years old, and as late as 70 years, and the proportion of those who received relief at 60 years old and upwards, was as large as in the early periods of life.

"The average stay in the hospital, of the first thirty of the persons *cured*, is 105 days, of the same number of those who were discharged *much better* 155 days, and of the same number of those who were discharged *better* 138 days nearly. The average of the stay of those who were benefited is nearly 133 days, or 19 weeks.

"It appears that the Bath waters are more successful in hip-cases

cases at a warm time of the year than at a cold one, as is indeed the case with this remedy, when applied to other disorders.

"Of 88 persons taken in order, who received benefit, and who were admitted in the months of April, May, June, and July, 25 were *cured*, 39 were *much better*, and 24 *better*.

"Of 105 persons received in October, November, December, and January, 25 were *cured*, 41 were *much better*, and 38 *better*.

"It is obvious that a larger proportion of those who were admitted in the spring and summer, and who had a prospect of a series of warm weather, received a greater degree of benefit than those who were admitted in the autumn and winter.

"I have thus finished my remarks on the tables, and trust I have established the efficacy of the Bath waters in this obstinate, painful, and dangerous disease.

"They are undoubtedly very effectual, but much time is usually necessary to complete a cure; and indeed, it needs be no cause of surprise, that a disease should take up as many months in its cure, as in some instances it has lasted years before the remedy was applied. In very recent cases I have seen a few weeks complete a cure."

"Article 19.—*Observations on the Position of Patients in the Operation of Lithotomy.* By NATH. SMITH, M. D. &c. New Hampshire."

Dr. Smith had occasion to perform the operation on a man seventy-two years of age, whose limbs were so inflexible by previous rheumatic affections, that his thighs could not be separated more than six inches, and his knees scarcely be bent. His lower limbs were therefore supported at a right angle from his body; his hips raised higher than his head; and his superior extremities unembarrassed. By this posture, Dr. Smith conceives, the operation, may, in some subjects, be performed with greater ease, the abdomen not being brought into an unnatural position. This paper contains some useful hints, and probably, the causes assigned by the author, may, sometimes, prove the impediment to the removal of the stone. At all events, it may be right under any difficulties to see what effect a greater relaxation of the bandages may have on the form of the bladder, and the state of the abdominal muscles.

"Article 20. *Case of Enlargement of the Scrotum.* By RIGBY BROADBENT, M. D. &c. Of Spanish Town, Jamaica."

"Article 21.—*Two Cases of Diabetes, with Observations on the different States of that Disease.* By JOHN BOSTOCK, M. D. &c. Liverpool."

The name of the author is enough to impress our readers with a due opinion of the value of this paper. The experiments are minute, as they ought to be, and doubtless not less accurate. From the nature of the communication it is impossible to compress it.

 The

The succeeding article consists of questions on the Influenza, contained in a circular letter from the Medical Society to its corresponding Members. This is followed by forty-three answers, called as many articles, and occupying considerably more than half the book. As those who undertook to read and print all this, have not taken the trouble of making any arrangement, it will not be expected that we should take that charge on ourselves.

"Article 80.—*Further Account of the lithontriptic Power of the muriatic Acid, as observed by* Mr. PETER COPLAND, *in Lithiasis, and Icterus calculosus.*—Extracted from a Paper, dated Swayfield, December, 1800."

This valuable communication the Society have thought it right to shorten, the facts contained in it serving only to confirm the contents of a paper from the same Gentleman published in a former volume. We shall only transcribe, for the use of our readers, the manner in which the remedy was exhibited.

"The dose of acid used by Mr. Copland is from 30 to 50 drops, three times a-day. The constant and uniform effect of this medicine, after a few doses, is stated to be the appearance of a considerable quantity of calculous sediment in the urine. This sediment is described as consisting, in almost every instance, of *red sand*, the nature of which does not appear to have been chemically examined by the author. In a few cases, however, there seems to have been also a discharge of light-coloured calculous matter; and in one instance, two ash-coloured concretions, weighing six grains, were found in the urine.

"The general consequence of this discharge appeared to be a considerable relief of all the symptoms, and, in by far the greatest number of the cases related, a permanent cure was supposed to have been effected. In no instance, however, was the presence of a stone in the bladder ascertained by examination previous to the exhibition of the acid; but from the quantity of calculous sediment obtained by the use of this medicine, amounting in one case to 110 grains, and in several to nearly as much, no doubt can be entertained as to the nature of the complaint. As a proof that this deposition was not afforded immediately from the urine, the author relates a case, supposed to be calculous, in which eleven ounces of the acid were taken, in doses of 60 drops, three times a-day, without producing the least sediment in the urine; and it was afterwards proved that the complaint had been mistaken, and that there had been no stone in the bladder.

"After the author's great success with the acid in lithiasis, he was led to try its effects in Icterus calculosus, and relates three cases in which he has every reason to suppose that this medicine had the desired effect; but confesses that the event of so few cases is not sufficient to enable him to draw any positive conclusion with regard to the last disease, although he considers it as well worth the attention of practitioners."

"Article

" Article 81.—*Sketch of a new Theory of Cow-pock, with Remarks on contagious Disorders.* By JAMES SIMS, M. D. &c. &c. President of the Society.

The learned President begins this paper by a theory of animal and vegetable processes, deriving them all, or most of them, from fermentation. His position is, that there are different genera of fermentation. But, before we talk of genera, it behoves to define what we mean by the thing itself.— Dr. Sims not having told us what he means by fermentation, it is impossible we should undertake to confute or confirm his theory. If all that is meant by fermentation, is, that a body composed of various materials is to go through a certain process, after which it will be so far altered that it cannot go through the same again, we shall be very much at a loss to understand how fermentation can be the cause of vegetation; for admitting this fermentation to be excited by solar heat, we see the same process going on, if not from day to day, at least from season to season.

" Still carrying on," continues our author, " the chain of reasoning, do we not see in the animal, and particularly in the human frame, the progress of fermentation distinctly pointed out? A little of the matter of any of the contagious disorders is inserted into the body, and that disorder is produced and no other; and as in the fermentation of liquids, after the process has been gone through, it is impossible to excite the same kind of fermentation again in the same materials, even by the addition of a ferment, so, after the infectious disease has subsided, the frame becomes incapable of it again. Is not this a plain reason for our not being liable to the small-pox, and other contagious diseases, constitutionally, a second time?"

But here we should reflect, that when a decoction of malt is fermented, its change throughout is such, that it no longer consists of particles similarly arranged, or having similar properties: which is not the case with a man after and before the small-pox, for, unless he is marked with the disease, he may easily be mistaken for the same individual. It should further be remarked, that though we are in the habit of putting a small quantity of ferment into wort, in order to hasten its fermentation, yet, such an addition is by no means necessary, as the process will take place without it; whereas, we have reason to believe, small-pox, and are certain that cow-pox, will never happen to any man, unless some of the contagious matter is brought into contact with him.

The author proceeds:

" Whilst a student at College, I maintained in a Medical Society, an opinion that all contagious eruptive diseases were communicated to mankind from other animals, among a particular species of which each particular disease might be said to be epizootic."

As Dr. Sims has, by his own account, practised forty years, this

this opinion of his must be of an early date; however, the first regular surmise of the kind that we meet with in print, is contained in Mr. Hunter's Treatise on the Venereal Disease. It is probable the opinion may be older, as it is well known that some derive the name of syphilis from such a source; it is even probable that Mr. Hunter might have heard of cow-pox before the date of his book, as it is well known that Dr. Jenner's account was read before the Royal Society: but as that learned body did not think proper to publish it, we cannot ascertain whether the communication was prior or subsequent to Mr. Hunter's publication. After this, we find the same suggestion in Doctor Adams's Treatise on Morbid Poisons; he surmises the probability, that many of these diseases may have originated from such causes, and instances the cow-pox and hydrophobia as two cases in point.—Dr. Jenner, from whom only, by means of Mr. Cline, it is now well known that Dr. A. derived his information concerning cow-pox, introduces his discovery by similar remarks. The opinion was indeed a natural result of so great a discovery, when Doctor Jenner had found that the disease originating in a horse, produced a well marked morbid poison in the cow, which was uniform in its character when transferred from one to the other; and still more, that it might be transferred to man, and from man to man, retaining its uniform figure and laws. We have however, as yet, nothing to prove that the cow-pox originates in the small-pox of man. The experiment has been often tried, and always ineffectually.

Dr. Sims has since suggested (see our Journal, vol. xiv. p. 480) that the spurious cow-pox may be the offspring of chicken-pox. This may be the case; but the opinion, like the former, is built on conjecture.

These remarks are followed by an account of the result of some experiments, which, as they serve to contradict a suggestion at one time pretty prevalent, ought to be recorded.

"In 1764, when I began the practice of physic, my thoughts were greatly employed upon inoculation of the small-pox. The Suttonian method coming into vogue about that time, greatly arrested my attention; and as many points respecting it were kept secret, my mind was naturally much occupied with investigating the circumstances which gave it celebrity. Among other things which occurred to me, I imagined that a proper dilution of the virus before insertion, might tend to render the disease milder. With this view, I tried a number of fluids, mostly bland ones, but must acknowledge that I totally failed in my intention, the only difference which I could perceive being, that the certainty of infection was much lessened, whilst the disease was not obviously mitigated."

The rest of the volume consists of prize questions proposed by the Society; a prize question on the yellow fever, proposed by the king of Prussia; and the customary accounts of presents to the Society.

Though

Though it cannot be denied, that this volume contains many useful papers, we are forced to admit, that the account of influenza occupies by far too large a portion, especially when we consider, that for want of arrangement few men in business can avail themselves of its contents, however useful they may be.— Another remarkable defect in a volume of the bulk like the present, and which, from the nature of its contents, must become a book of reference, is the want of an Index. This and the last volume are the only two out of five chargeable with such an omission, which we hope, in the next, will be made up by a general Index to the three.

Dr. Pemberton's Practical Treatise on various Diseases of the Abdominal Viscera.

[Concluded from our laſt Number, p. 483.]

When our author comes to treat of the diſeaſes of the kidnies, he introduces, what we conſider as a very intereſting diſtinction between the effects of the diſeaſes of the organs which increaſe and support the fleſh and ſtrength of the body, and thoſe which tend to diminiſh and exhauſt it.

" It is not so difficult," ſays Dr. P. " to diſtinguiſh an affection of the kidneys from diſeaſes of the other parts ſurrounding them, as it is to diſtinguiſh it from the diſeaſes of the other parts of the urinary ſyſtem.

" The ſenſations are communicated ſo readily by ſympathy from one extremity to the other of this ſyſtem, that the ſame ſet of ſymptoms attend, wherever the derangement in the urinary organs may exiſt. For example, a ſtone in the bladder ſhall give all the ſenſations of a diſeaſe in the kidneys; and again, a calculus in the kidneys ſhall give all the ſenſations and symptoms of a diſeaſe in the bladder. This obſcurity will ſhew the great caution neceſſary in pronouncing on the diſorders of the urinary paſſages.

" Another circumſtance no leſs remarkable, and which too will point out the neceſſity of caution in the prognoſtic, is the little diſturbance, which great and even fatal diſeaſes in this ſyſtem, occaſion in the conſtitution. Large ſtones have been repeatedly found in the bladder, and extenſive ulcerations in the kidneys, without their having in the leaſt diminiſhed the bulk of the body, or ſhewn any ſymptom, during life, by which their exiſtence had been ſuſpected.

" When there are but obſcure ſymptoms, which denote that ſome morbid change is taking place within the abdomen, this circumſtance of undiminiſhed bulk might help materially to diſtinguiſh diſeaſes of the kidneys from any chronic affection of the meſenteric glands, where there is uniformly the greateſt degree of emaciation.

" A proneneſs in the body to waſte or not, as the ſame diſeaſe ſhall happen to be ſituated in this or that part, is in itſelf a circumſtance very remarkable; and as an attention to this proneneſs may

 help

help to lead us through the obscurities, which too often attend internal complaints, it is a subject well worthy of consideration.

"To assist us in this inquiry, it may be right to specify a few examples, where the difference of the effect of disease on the bulk is most striking. Let us take the two cases of a diseased state of the mesenteric glands, and a diseased, or scrophulous affection of the breast. In the former we shall find there is great emaciation; in the latter, none at all.—In an ulceration of the small intestines, great emaciation takes place; in schirrus of the rectum, none.—In a disease of the gall bladder, which is subservient to the liver, the bulk of the body is rapidly diminished; but in a disease of the urinary bladder, which is subservient to the kidneys, scarcely any diminution of bulk is to be perceived.—In an abscess of the liver the body becomes much emaciated; but in an abscess of the kidneys the bulk is not diminished.

"If we examine into the functions of those parts, the diseases of which do or do not occasion emaciation, we may perhaps be led to the true cause of this difference of their effect on the bulk. In order, however, to understand more clearly how the functions of these parts bear relation to each other, it may be necessary to premise, that the glands of the body are divided into those, which secrete a fluid from the blood, for the use of the system, and those which secrete a fluid to be discharged from it. The former may be termed glands of supply; the latter, glands of waste.

"The small intestines, in consideration of the great number of absorbents with which they are provided for the repair of the system, may be considered as performing the office of glands of supply.

"The large intestines, on the contrary, may be considered as performing the office of glands of waste; inasmuch as they are furnished very scantily with absorbents, and abundantly with a set of glands which secrete, or withdraw from the system a fluid, which serves to lubricate the canal for the passage of the fæces, and which itself, together with these fæces, is destined to be discharged from the system.

"I have often imagined that this mode of considering the subject might, in many cases, assist us in approaching to the seat of a chronic disorder, by deciding where the disorder is *not* situated, and consequently by contracting within narrower limits the difficulties of our researches.

"Thus the symptom exhibited by the patient, either in retaining his bulk, or in being emaciated, might serve as a diagnostic, according to my conception, for the purpose of deciding, whether the disorder is seated in the glands of supply, or in the glands of waste.

"The glands which secrete a fluid to be employed in the system, as well as the glands of direct supply, may be considered the Liver, the Pancreas, the Mesenteric glands, perhaps the Stomach, and the small Intestines: and the glands of waste are the Kidneys, Breasts, Exhalant Arteries, and the large Intestines.

"In

"In an abſceſs of the Liver, and an abſceſs of the Kidneys, both of which glands frequently run into ſuppuration, without exhibiting any pain in the part affected, it ſeems impoſſible to decide in what part of the ſyſtem the derangement manifeſted in both theſe caſes by the Hectic fever is ſituated.

"According to the foregoing idea, if Emaciation takes place, we might then determine that the diſorder muſt be ſituated in a gland of ſupply; and thus we ſhould be led to decide, that the diſorder was certainly *not* in the Kidneys, conſequently we ſhould be ſecured from the danger of miſapplying our remedies upon a part which was not affected.

"The ſame Hectic attends a chronic diſeaſe of the meſenteric glands, and of the ſmall inteſtines: and here likewiſe, if emaciation does *not* take place, we ſhould decide that the diſorder was not ſituated in theſe parts, or in the liver.

"Now it is ſurely of conſiderable importance to determine where the diſorder is *not* found, that our enquiries may be ſolely directed to thoſe parts in which it is to be found.

"If this poſition reſpecting the bulk of the body, under diſeaſe, ſhould be admitted as true, will it not afford a probability that the Spleen, whoſe diſeaſes produce great emaciation, is a gland of ſupply?

"What has been here advanced muſt be conſidered as applying to local diſeaſes unattended by pain, as pain will itſelf ſometimes waſte the body, though ſometimes it will not. Here too the waſting from pain ſeems to vary according to the part from which it proceeds. A ſtone in the bladder of urine, or in the Kidneys, nearly ſtopping the diſcharge of urine, and occaſioning the greateſt pain, will not in the leaſt affect the bulk; but a biliary ſtone, under ſimilar circumſtances, will occaſion great and rapid emaciation.

"We muſt obſerve, however, that the preſence of pain in a part would ſufficiently point out the ſeat of the diſeaſe. It is only in chronical complaints, where the morbid changes are ſo gradual as to produce no pain, that theſe obſervations will particularly apply: and it is in difficulties of this nature, that we ſtand in need of every help to aſſiſt us in forming a right judgment."

The extended uſe of the term *gland*, in the foregoing paſſages, has drawn upon the author ſome criticiſms from Dr. Stone, in his work on the Diſeaſes of the Stomach, juſt publiſhed. Dr. S. objects to the uſe of the word Gland, when applied to the lungs, inteſtines, &c.; but this apparent want of accuracy in terms cannot miſlead the reader; nor does it, in our opinion, tend to invalidate the general inference. Theſe ſhort ſpecimens will enable our readers to judge of the originality and ſpirit of inquiry, which pervades every part of this truly practical Treatiſe.

We are convinced that it will be read with great ſatisfaction by the experienced practitioner, and with great improvement by junior ſtudents. Nor can we doubt that it will rank as a medical claſſic, the reading of which will become an indiſpenſible obligation upon every ſtudent of that profeſſion.

 A Practical

A Practical Treatise on the Diseases of the Stomach, and of Digestion; including the History and Treatment of those affections of the Liver and digestive Organs, which occur in persons who return from the East and West Indies; with Observations on various Medicines, and particularly on the improper use of Emetics. By A. D. Stone, M. D. Fellow of the College of Physicians. 8vo. pp. 300. London: 1806.

It will strike our readers on comparing the title page of Dr. Pemberton's Work on the Diseases of the Abdominal Vicera and that before us, that the object of both authors, as far as appertains to the stomach and liver, is the same. This is by no means the case. In treating of the liver, Dr. P. confines himself principally to the acute and chronic inflammations of that organ and its hydatids. Our author, on the contrary, enters into the effects of hot climates and hard drinking, on the liver and stomach. On the diseases of the stomach Dr. P. employs only about 30 pages, whereas almost the whole of Dr. Stone's Work is devoted to the Anatomy, Physiology, and Diseases, of the organs of digestion.

In the former work, the symptoms and the cure are placed together; in the latter, both are treated at much greater length, and separately. Dr. S. also introduces the consideration of many diseases which are not mentioned by Dr. P.; as poisons, hypochondriasis, sick head-ache, chlorosis, tabes, and cutaneous diseases depending on the derangement of the stomach.

The 3d part of our author's work, in which he treats of the means of curing the diseases of the stomach, &c. the selection and the employment of remedies, we think particularly interesting in a practical point of view. And as we have received great satisfaction in perusing these two works of Dr. P. and Dr. S. jointly in the order we have noticed them, and as we think they mutually tend to illustrate each other, we recommend the same comparative view of them to our readers. As a specimen of Dr. S's style and manner of treating his subjects, we shall select his observations on the action of mercury, and the best mode of introducing it into the system. In the preceding chapter he had delivered the treatment of the stomach and abdominal viscera after residence in hot climates. The great importance of mercury had there been largely insisted upon, and the internal administration of it fully explained. In the present chapter, he delivers the treatment of that state of the stomach and abdominal viscera, which is induced by hard drinking.

"To introduce mercury into the system, so as to act powerfully on the liver, is the object which medical men attempt to accomplish in cases of this kind. Now, since mercury cannot produce its effect on the liver in any other manner, than by the change of action in the blood-vessels and absorbents consequent upon its stimulus, it is to be considered how far all or any of these actions are affectsd by it;—and this consideration is the more important from its having been stated by Dr. Saunders, Dr. Pemberton and others, that

that mercury should be rubbed on the hypochondria, in preference to any other part, only because the mere friction upon the liver may be useful.

"The hepatic artery being very small, comparatively with the size of the liver, and as there is no possible reason to suppose that this artery is more affected by mercury, in any case of diseased liver, or in any other disease, than each individual artery in the body, there is little reason to suppose that any great effect can be produced on the liver from any alteration in the action of this artery, consequent upon the use of mercury.

"The influence of mercury on the veins has not at any time been proved to be considerable:—on the contrary, from all anatomical and physiological observation, it appears when taken into the blood-vessels to increase secretion generally, and that the power of any given quantity of mercury is exhausted in its operation on the salivary and excretory glands;——nor is there any reason, from any observation made on its action on the vena portarum, to suppose that its action on this vein, is greater than what it induces in any other vein in the body.

"It follows then, that the action of mercury on the blood-vessels of the liver, is proportionally to the size of this viscus, less considerable than on almost any other part of the body.

"The effect of mercury in producing absorption is obvious to the most superficial observation:—this effect probably depends, in some measure, on the necessity for absorption to supply the blood-vessels in compensation for the waste occasioned by the evacuant effects of mercury. When the liver is enlarged, as in some cases of persons, who have resided in the East and West-Indies (§ 40), when it is tuberculated, or when it is schirrous, as from the effects of spirituous liquors, the absorption of the adventitious or altered substance in the organic construction of the part, is the indication which principally demands attention, and from the known effect of friction in promoting absorption, it is reasonable from the benefit to be expected from friction alone, that mercury should be rubbed on the epigastric and hypochondriac regions rather than on any other part:—there is however the best ground for believing, that mercury, taken into the stomach or rubbed upon the skin near the liver, produces a much more immediate effect on the hepatic absorbents, and that these modes of its application are consequently, for this reason, especially, by far the best.

"Further it is to be observed, that the absorbents of the stomach and those conveying the chyle, often called the lacteals, anastomose freely with those from the liver, and therefore that mercury taken inwardly, will, when absorbed, immediately pass through and stimulate the absorbents coming out of the liver:—Mr. Cruikshank states in his second edition that he 'saw them filled with chyle from 'the mesentery, and which had passed through the substance of 'the liver, to the number of three hundred or more:'—As this observation must be considered to be correct, it not only strengthens

ens the position here made, but it greatly elucidates the operation of alkohol in producing schirrus of the liver, which, as has already been mentioned (§ 42), is but ill explained by the doctrine of sympathy, nor can it be better understood by considering the general stimulus applied, or that which is applied to the extremities of the vena portarum in the intestinal canal.—By further anatomical research it seems highly probable, that some of the absorbents of the stomach or intestines, or of both, will be found always to pass through the liver; and that that peculiar state of the liver, called a schirrus, is always the consequence of drinking alkohol freely, from the inflammatory, or at least peculiar, stimulus of the alkohol, when absorbed on the absorbent vessel itself; and that it is owing to the very large proportion of absorbent vessels in the liver, that this viscus is so constantly the seat of disease in hard drinkers.

" The operation of mercury on the stomach and ductus communis choledochus, is at least of equal importance in schirrous liver, as in the state of disease the treatment of which has been considered (§ 91) and mercurial purgatives must frequently be employed:—when any benefit is to be expected from the absorption or continued action of mercury, unguentum hydrargyri fortius of the London Pharmacopœia, consisting of equal parts of quicksilver and lard, must be rubbed nightly on the epigastric and hypochondriac regions in moderate quantity, or repeated doses of mercury are to be taken internally, and, if salivation ensue, it must be discontinued only till the mouth be well."

An Account of the Practice of one of the Physicians of the Westminster General Dispensary, and of the Western Dispensary, from the 20th of April, to the 20th of May, 1806.

Peripneumony - - -	2	Insanity - - -	1
Acute Rheumatism -	3	Hypochondriasis -	1
Hæmoptoe - -	2	Palpitation of the Heart	1
Catarrh - - -	7	Asthenia - -	10
Typhus - - -	1	Epilepsy - - -	2
Synochus - - -	2	Ascites - - -	2
Inflammatory Sore-Throat	2	Hydrothorax - -	1
Tertian - - -	1	Gravel and Dysuria -	4
Hemicranium - -	1	Scirrhous Liver -	1
Pulmonary Consumption	6	Enterodynia - -	2
Cough and Dyspnœa	28	Dyspepsia - -	4
Chronic Rheumatism	6	Diarrhœa - -	3
Lumbago - -	4	Hæmorrhoids - -	1
Sciatica - - -	2	Scrophula - -	3
Cephalalgia - -	3	Distorted Spine -	1

Diseased

Diseased Vertebræ -	1	Amenorrhœa - -	4
Syphilis - - -	2	Leucorrhœa - -	5
Herpes - - -	3	Menorrhagia - -	1
Scald-head - -	3	Hysteria - - -	1
Itch - - -	4	Diseases of Children	10
Chlorosis - - -	3		

The diseases which have fallen under my notice during the last month, have generally been mild in their symptoms, and favourable in their progress and termination. Pulmonary and catarrhal affections are still the prevailing complaints; they are, however, slowly yielding to the influence of the fine weather, with which we have lately been favoured; an influence highly propitious to the exertions of the physician.

Several children have been affected with inflammation of the lungs, the measles, and hooping cough. Ophthalmia has not been unfrequent; and some cases of synochus accompanied with diarrhœa, have occurred.

One of the cases of psora, recorded this month, was rather severe, having continued a considerable length of time. The subject of it was a young child, whose parents, not conceiving the eruption to be the itch, paid little attention to it, till they became alarmed on a different account. A medical friend of the family playing with the child, observed the eruption under its clothes, and inquired of the mother, whether it had had the measles lately? No; but it had the cow-pox two years ago, was the reply. The cow-pox! Indeed! And pray, madam, how long after the inoculation might this humour break out? Eighteen months. This was sufficient to alarm the mother: it was impossible the child could have the itch; and no humour had been in the family for some generations. Of course, the complaint was attributed to the cow-pox; and I had some difficulty in dissipating the fears of the mother, and convincing her, much against her inclination, that the itch alone was the occasion of the child's unpleasant appearance and sensations. The only circumstance which caused any doubt as to the nature of the complaint was, that scarcely any eruption appeared between the fingers; and the child had slept with different people, without infecting them.

From this case, we may learn the extreme importance of being guarded in our expressions respecting the cow-pox; the minds of parents have lately been cruelly agitated by the doubts which have been too successfully insinuated

uated as to its efficacy; and without any hint from the opposers of vaccination, many people are sufficiently ready to attribute every future ailment of their children to the vaccine inoculation. In some instances, the cow-pox has failed from the inoculator not having had a medical education. We cannot sufficiently admire those worthy characters of both sexes, who visit the poor and administer to their wants; some of these have long practised vaccine inoculation. The human body, however, is subject to various cutaneous affections, which are often extremely difficult to distinguish and classify. The chicken-pox sometimes assumes an appearance more similar to small-pox, than to its own character. The vaccine pustules vary in their appearance, and cannot always be depended upon; hence the necessity of experienced practitioners alone being employed. However we may venerate the extensive humanity, and admire the liberal intentions of the *irregular* vaccinators, our regard for the reputation of the cow-pox, and our love for the general welfare of mankind, must induce us to hope that regular practitioners of medicine alone, may be the instruments of diffusing the blessing of vaccine inoculation; whilst we trust that those who are not of the faculty, will content themselves with promoting this most laudable purpose by example, precept, and pecuniary assistance. The cow-pox inoculation is now become a national concern, encouraged by the most illustrious characters, and sanctioned by the majority of medical practitioners; our reputation is implicated in the event, and we should individually give our aid, and use our utmost exertions, to trace all reports of unsuccessful cases to their origin, which will generally be found to lie in error and mistake, or to arise from some improper motive on the part of the author.

SAMUEL FOTHERGILL.

Southampton Street, Strand.
May 23, 1806.

An Account of Diseases in an Eastern District of London, from April 20 *to May* 20, 1806.

ACUTE DISEASES.	
Typhus - - - -	2
Peripneumonia - -	6
Rubeola - - - -	1
Ophthalmia - - -	7
Rheumatismus Acutus	3
CHRONIC DISEASES.	
Tussis - - - -	20
Dyspnœa	

Dyspnœa - - -	14	Dysenteria - -	2
Tussis cum Dyspnœa	11	Hypochondriasis -	4
Phthisis Pulmonalis -	3	Rheumatismus Chronicus	20
Hæmoptysis - -	3	PUERPERAL DISEASES.	
Ascites - - -	2	Menorrhagia Lochialis	5
Anasarca - - -	4	Ephemera - -	10
Hydrothorax - -	1	Mastodynia - -	3
Cephalalgia - -	4	INFANTILE DISEASES.	
Amenorrhœa - -	3	Aphthæ - - -	3
Chlorosis - - -	7	Herpes - - -	4
Fluor Albus - - -	9	Tinea - - -	3
Hæmorrhois - -	4	Vermes - - -	2
Diarrhœa - - -	3	Dentition - - -	2

The north and north-easterly wind has lately prevailed in an unusual degree. During a period of many weeks it has continued in this direction with the exception only of a very few days. The sudden alternation of heat and cold has rendered it very difficult to adjust our clothing to the temperature of the air. During the periods when the sky has been free from clouds, and the sun has shone out clearly, even the crossing from one side of a street in the metropolis to the other, has been the changing of a warm for a cold climate, or the reverse. To these circumstances may be attributed the long continuance of those diseases which prevail chiefly in the months of winter, and which usually disappear as the spring advances.

Coughs and catarrhs, and in some instances the more alarming and fatal diseases of the chest, prevail in a considerable degree even to the present time. Ophthalmia has also occurred in a number of instances, and in some has been tedious and obstinate. When this complaint has affected the patient during the prevalence of a high wind, it has been common to refer it to the dust being blown into the eyes; but a cold wind is sufficient to produce this effect independently of this circumstance. The number of patients affected by rheumatism either of the acute or chronic species has been considerable, and, probably owing to the circumstances already stated, this disease has been tedious and difficult to cure.

MEDICAL

MEDICAL AND PHYSICAL
INTELLIGENCE.

The latter end of April, the cow-pox appeared at a farm in Dr. Jenner's neighbourhood in Berkley. The disease was regularly traced from a horse's heel in the farm to the boy who dressed him, and from him to the cows. Dr. Jenner sent notice of this event to Dr. Adams, of the Small Pox Hospital, who, it will be easily supposed, could not lose this opportunity of tracing a morbid poison. Dr. Adams passed the night at Berkley, that the succeeding day might be devoted to their inquiries. In the morning the two physicians, with Mr. Tanner, met at the farm. All the cows were exhibited, the farmer being present, who gave the history of the event with much simplicity, though with tolerable severity when he came to describe the inattention of the boy. The boy afterwards appeared, and urged in his own defence, that he had only milked two of the cows after the injunction he had received. Unfortunately, these were afterwards mixed with the herd, and became affected before they were suspected; in consequence of which, the milkers carried the contagion to all the rest. It was not a little curious to remark those cows who had suffered on a former occasion, and who were easily distinguished by having the disease in a milder form. Dr. Adams brought some of the matter with him to town, and has since used it in the Hospital, to see whether it were possible to distinguish between the effects of matter immediately from the cow, and after it has been for four or five years inserted only in the human subject; but no difference could be perceived.——The visit was made still more interesting by the dog-distemper at that time prevailing in Lord Berkley's farm. The number of animals furnished specimens of every stage of the disease, and in all its forms.

Dr. THORNTON has laid before the public some cases, which show the efficacy of vital air, or, as it is usually called, oxygen gas, in the cure of fits. These cases, deemed beyond the reach of human art, have been completely and radically cured by the continued use of the pneumatic medicine. According to the Doctor's theory, vital air gives energy to the muscles, and thence to the nerves, taking off inordinate action from an undue balance of principles. Hence he infers, that persons breathing much bad air become convulsed

Mr. COLLARD, of Birmingham, has found that copper may be precipitated from its solution in the sulphuric acid by means of tin. The success of the experiment depends upon the heat of the solution, which must be at or near the boiling point, when the tin is put into it. This discovery, it is expected, will lead to some very important results.

Relative to the human phenomenon, Mr. DANIEL LAMBERT, of Leicester, now exhibiting himself in Piccadilly, we have been favoured

favoured with the following correct particulars.—This extraordinary man is about 36 years of age; five feet eleven inches high; and his weight is upwards of fifty stone, fourteen pounds to the stone. He enjoys perfect health and vigour; his breathing is free and easy; his sleep undisturbed, to which he has no extraordinary propensity; and he eats common food, and drinks water only. His extraordinary bulk arises from an immense accumulation of fat within the abdomen, and in the adipose membrane under the skin. The tumefaction of the thighs, legs, and feet, is enormous; the arms and hands do not much exceed the usual proportion in fat persons. All the functions of the body are in good order. He never felt pain or uneasiness from the stretching of the skin. In the progress of its distention, however, he has four or five times had an erysipelatous inflammation of the legs, which in a week or two was removed by proper treatment, but has been succeeded by a scaliness and thickening of the skin. His bulk has increased gradually from twenty years of age. His father and uncle were both large men; but the weight of either did not exceed thirty stone.

The Royal College of Surgeons of London, has proposed the following subjects for the Jacksonian prize for the year 1806. (1) The diseases of joints, particularly of the hip and the knee, and the best mode of treatment. (2) Herniæ and the best mode of treatment.

Mr. ROYSTON is engaged in an extensive work on the Medical Literature of England; with the first part of which he expects to go to press in a few weeks. The object of this work is to give a description and analysis of books published by Englishmen, on the science of medicine; beginning with the earliest printed works, and ending with the year 1800. It is intended to be given in the manner of a Bibliotheca, describing the form and peculiarities of every work, under the size, *princeps* and *optime* editions, &c. &c. To which an analysis of the contents of each volume will be added; constituting a concordance of facts and opinions, arranged in a manner that will afford a ready reference for the student, the practitioner, and the man of science.

Mr. GUNNING, Surgeon Extraordinary to H. R. H. the Duke of Sussex, and Surgeon to St. George's Hospital, will commence in October next, at his house in Clifford Street, a course of lectures on the Principles and Practice of Surgery. Any gentleman who wishes to have a private course of lectures, on the Operations of Surgery, may know Mr. Gunning's terms by applying to him, in Clifford Street; or at St. George's Hospital.

Dr. BEDDOES has in the press, a Report from an Institution at Bristol for investigating the origin and cutting short the progress of consumption, scrophula, and other prevalent disorders in families and individuals. These cases have been kept for several years by various medical gentlemen, who will be named, as well as by the Editor, who will accompany them occasionally by some practical observations.

On

On Monday the 2d of June, a Course of Lectures on Physic and Chemistry, will re-commence at the Laboratory, Whitcomb Street, Leicester Square, at the usual morning hours; viz. Therapeutics at a quarter before eight, the Practice at half after, and the Chemistry at a quarter after nine; by GEORGE PEARSON, M. D. F. R. S. Senior Physician to St. George's Hospital, &c.—The Practice of Vaccination will be taught at the Institution, No. 44, Broad Street, Golden Square, according to the usual plan. Further particulars may be had at St. George's Hospital, or at 52, Leicester Square.

Dr. WILLAN's work on the Cow-pox, which we announced in our last number, will comprize the following sections, the titles of which express the subjects to be considered. 1. On the combined inoculation of the variolous and vaccine fluids. 2. On the characteristics and effects of perfect vaccination. 3. On imperfect vaccination. 4. On the cases of small pox subsequent to vaccination. 5. On the cutaneous and glandular diseases *imputed* to vaccine inoculation. 6. On the chicken-pox and swine-pox. 7. On the inoculation of the chicken pox. 8. On the extermination of the small-pox.—The Appendix consists of Letters from Dr. Jenner, and other physicians and surgeons in the principal towns of Great Britain and Ireland.

The Medical Students of St. Thomas's and Guy's Hospitals have presented to Mr. SANDERS, the Demonstrator of Practical Anatomy, a piece of plate of considerable value, as a testimony of their estimation of his attentions to their improvement.

LIST OF NEW MEDICAL PUBLICATIONS.

A Practical Treatise on the Diseases of the Stomach and of Digestion; including the History and Treatment of those Affections of the Liver and Digestive Organs, which occur to Persons who return from the East or West Indies, with Observations on various Medicines; and particularly on the improper Use of Emetics. By Arthur Daniel Stone, M. D. 8vo. 6s. boards.

A Compendium of the Anatomy, Physiology, and Pathology of the Horse. By B. W. Burke. 12s. 6d. boards.

TO CORRESPONDENTS.

Mr. Chartres's Paper has not been received.

We shall be obliged to Mr. Marson for any important medical cases or facts he may meet with in the course of his practice, but we wish to avoid critical controversy.

Mr. Fogo's answer to Dr. Thomas cannot appear in its present form.

In our next Journal, we hope to be able to add the name of an eminent Professor, who has undertaken the Foreign Department.

Communications are received from Dr. Bellamy, Dr. Kinglake, Mr. Simmons, Mr. Clement, Mr. Ring, Mr. Bradley, Dr. Kentish, and the Suffolk Society.

END OF VOL. XV.

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